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BIRTH CONTROL TO-DAY

A PRACTICAL HANDBOOK FOR THOSE WHO WANT TO BE THEIR OWN MASTERS IN THIS VITAL MATTER

By

MARIE STOPES

Doctor of Science, London; Doctor of Philosophy, Munich; Fellow of University College, London; Fellow of the Royal Society of Literature, and the Linnean and Geological Societies, London; Founder and President of the Mothers' Clinics and the Society C.B.C. and Racial Progress

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AUTHOR'S PREFACE

TENS of thousands of women have met me for a brief hour when I have been standing on the public platforms of large halls giving lectures, and many of them have asked me questions, very many questions, simple, direct and frank, on their personal problems and the difficulties they have experienced when trying to apply the practice of birth control to their own lives. Many of them have told me that they get much more from me personally than from other sources. Others have written, or have said to me reproachfully, that they are very busy and that my other books contain arguments and aspects of the question they do not need to consider. They say in effect "Your books contain sentiment as well as sense: cut out the sentiment. We are busy. We are too tired to read much. We want only common sense and science. We are already your converts; we only want to know exactly *what* to do *now* and *why*—give us something which cuts out everything but practical help on control."

This book is for them. In the following pages I will speak rather more dogmatically than I have ever done before in a book. That is because I want to be clear and helpful and to advise my readers just as I would advise them were they able to speak to me personally. But I want readers to remember that though I am giving them my opinions, these opinions are based both on scientific investigation and, what is even more important, on the results of practical clinical experience from many thousands of other women.

The oldest Birth Control Clinic in the world was opened by me on the 17th of March 1921 and has been open every day (except Saturdays) ever since. Think what that means in experience, for every day we have been crowded.

But before we plunge directly into the subject matter of this book let me say a word to readers who may not be quite ready for its direct and explicit frankness. There are many people who want not only information but persuasion and careful consideration not only of the practical but the moral arguments, and even the religious aspects of the subject. Because these are not mentioned in this book, do not imagine that I ignore them. They form the basis of my work, but I consider such readers in my already published books. The women whose opinions I quote in the first paragraph have probably forgotten, perhaps even do not know, that in the many years which have now passed since my first little book on birth control, *Wise Parenthood*, was published an enormous change in public opinion towards these things has been worked. To-day one can go straight to the subject matter without hesitation or demur. When I first wrote the direct approach would not have been possible. That people are to-day ready for common sense and science stripped of all sentiment is an advance wrought by that very change in feeling towards the subject accomplished by sentiment. In 1918 when *Wise Parenthood* first appeared I had not only to initiate the scientific and critical attitude of mind now very widely adopted towards birth control, which was then *sub rosa* and in the gutter; I had also to convert rather than to urge; I had to take the timid and the shy by the hand and to lead their

shackled minds, to persuade gently that neither physically nor morally was the use of contraception to be shunned or condemned. At that time elderly and influential medical men told me my work and my attitude of mind amazed—staggered them—that it was a new gospel: it was *sentiment* which made them my converts: to-day I have infected so many with my ideas that they are almost common property, and a great many people take them for granted.

Yet among the women of the world as a whole, even English-speaking women, particularly in such countries as Canada, America and Australia, there are still countless numbers who need just such a persuasive introduction to the subject, and *Wise Parenthood* is the book for them to read, not this one.

I have maintained silence for years about many aspects of what is popularly called "the birth control movement" because I felt that the time was not ripe for me to speak in the open way I should like to do. It is not yet ripe for all I have to say, but (as for example on p. 143) there are some things which I think must now come out into the open. This book is a direct talk to *you* so that you may reap the harvest prepared in the interest of the public by much labour, investigation and research.

"Constructive birth control" deals with the power to control pregnancy in all the various ways. At our Clinics we often help a woman who has hitherto been sterile to get the baby she has longed for for years. But that "control" work involves a quite different technique and procedure from the contraceptive technique, and I am not dealing with the positive aids to conception in this book but with the means of controlling pregnancy in a woman who has already

proved fertile, i.e. *contra*-ception. Those who want advice about the pro-conceptive aspect of birth control are advised to write to the Headquarters Birth Control Clinic.

By the intelligent use of scientific birth control a woman takes into her own hands the power to control not only the number of children she desires to have, but the times and seasons at which they are conceived. The open and intelligent use of such control by mankind marks a new human epoch, the greatest the world has yet known. Such control is an essential bulwark of marriage, vital to the health and well-being of every mother and potential mother, whether she be wealthy, a millionaire's wife with every luxury money can buy, or whether she live in a three-roomed cottage in the country. No woman can retain her own health if her reserves are depleted by a too rapid succession of pregnancies without such intervals between them as her personal physique requires. No woman can give perfect health to the child at her breast if she has another already sharing her strength in her womb.

Indian, and other Eastern women are now eagerly asking for simple and safe methods more within their reach than clinical methods; they will find advice specially suited to them on p. 47 *et seq.* Both personally, nationally and internationally it is supremely important that every woman in the world should be equipped with such knowledge about the control of her most vital function as I give in the following pages, and that all should use it intelligently.

M. C. S.

Chapter I

SOME GENERAL POINTS ABOUT METHODS

THIS book deals with the *control* of conception solely. It does not discuss the destruction of the embryo after it has been formed, that is *abortion*, legally and physiologically quite a different process.

The lazy woman who says, "Oh, I can't be bothered, I'll take my chance and if I get 'caught' I'll go to Dr. So and So, or old Mrs. Gamp, or take some of the much-advertised pills," need not trouble to read further, there is nothing for her in these pages. I will not stop to scold her, for probably she will not trouble to read this book, but she is a danger to the human race. A woman who through sheer carelessness and laziness allows herself to become pregnant with a child she does not want, a woman whose health is in such a state that the child will be a weakling, a defective, or of necessity brought up at the expense of someone other than herself and her husband, is a social danger. She is a criminal if she takes the risk of producing the beginning of that life with the intention of destroying it. This intention is very likely to fail. The much-vaunted commercial "remedies" are most ineffective in producing the main desired result, but quite effective enough to injure the child who ultimately may achieve live birth in spite of the efforts for its destruction, or to injure the woman so that later children suffer. A woman who is so careless or lazy

ought to make sure that her own fertility is checked once and for all. She will not make a good mother. Sterilization, involving a small operation, will secure her against the possibility of bearing a child again by accident. Sterilization, however, must be brought about by a medical expert under nursing home or hospital conditions, though of course in a well-ordered house the operation can take place at home. Sterilization is not the subject of this book, but if there is any woman intelligent enough to read this book, but yet who does so only out of curiosity, saying to herself "I'll read it, I would like to know about it but I can't be bothered to follow any advice it contains. I'll just go on taking pills and trusting to luck," let me urge such a reader to consider the matter more seriously and either to make an opportunity for her own complete sterilization, or to take the trouble to use carefully the methods for temporarily controlling conception.

The readers I am really writing for in this book are the men and women who seriously desire to control their parenthood, to space their healthy babies, or to prevent any further births, for some of the many good reasons they may have for desiring to set a limit to the size of their families. To such readers I want to say a few very simple but direct words in an endeavour to counteract the mischievous, even cruel misleading of the public which has recently begun to permeate the literature on birth control with a great deal of theoretical talk encouraging women to think that the safe and comparatively simple clinical methods are "old-fashioned," "messy" and "troublesome," etc., and now that "scientific research" is taking up the subject of

the control of conception, well-established clinical methods can be replaced by "expert methods" or "truly scientific" methods. The idea is spread abroad that women can come for an occasional injection, or can take some kind of pill, or by other means which are "truly scientific" and make everything "simple and easy" for the patients, they can avoid the necessary personal trouble of managing their own contraceptive measures.

Alas! the imagination and sometimes the self-seeking of those "scientific" writers outrun the facts! Such discussion so far has done little else than lead to a fruitless dissatisfaction with existing methods. Such scientists are not capable, when it really comes to the actual point, of any such helpful performance, nor of producing the "scientific" results which are vaguely adumbrated so that women are led to desire them and are then disappointed.

The "hormonal sterilization" boosted recently in the lay press, especially on the Continent, is not of any real practical use to an ordinary intelligent woman. Fools may submit themselves as experimental material to persons desiring to become notorious in order to make a profitable concern out of it. By reading this book you are coming to me for my advice and help, and my advice is to have nothing whatever to do with such methods.

As for pills to act not as abortifacients but as "protective pills", altering the nature of the blood-stream or having a direct effect upon the ovaries, the ovum or the spermatozoa, although they are much talked of and perhaps desired, no existing compound is a harmless and effective contraceptive when swallowed.

All the glowing talk of such methods as the above has misled women. As a result women come to our Clinic or write to me saying that they are dissatisfied with the "old-fashioned" methods and want an "up-to-date method" to eliminate all further trouble. For instance the following extract from an educated woman's letter shows the state of mind induced by recent undigested so-called "research": "What I want is the ideal method of monthly injections, presumably with 'extract' so as to save myself using ordinary clinical methods." She has heard so much talk about such things it is difficult to make her believe they are not available.

Some people suggest that diet will control pregnancy. One knows, of course, that certain factors in the diet do increase or reduce reproductive potency. To people who want babies and who write to me or come to my Clinic for that purpose we often suggest certain articles of diet which are contributory factors in increasing potency. It is a fact that vitamin E if taken in considerable quantity does appear to increase fertility, and contrariwise if there were a diet entirely devoid of it, it would tend to reduce fertility to vanishing point, or to produce abortions instead of healthy births. Nevertheless in a modern community where the food consumed is an ordinary mixed diet, it would be impossible entirely to eliminate vitamin E without immense practical difficulty over meals and serious effects on the health. General inconvenience as well as serious disturbances would probably be the only result of the attempt. It is foolish to imagine that the elimination of vitamin E from the food is going to be a *practical* method of controlling conception.

Another method sounding easy for the woman and therefore to be desired is temporary X-ray sterilization. How nice it would be just to have some painless light rays passed through one and be safe from conception for six months or a year or whatever period one wanted. But alas! the few available pieces of evidence from what really happens show only what disasters might result. Dr. Dickinson of New York collected some evidence showing that a terribly high proportion of defective children are born after X-ray use. No woman in her senses would seriously desire a method of birth control which jeopardized the health of the future children she might later on passionately desire to bear.

A Medical Research Committee was founded by me in 1922 and associated with the work of the pioneer Birth Control Clinic. Among its members was the greatest physiologist of his day, Sir William Bayliss, as well as many distinguished medical men and women. This Committee has always gone most cautiously, and with reference to new methods has always advised as the first criterion of the fitness for practical use absolute *harmlessness* and *safety*. In contrast to this the International Medical Group, founded some years later, has published a series of communications representing the hasty, over-eagerness of "research" to rush into printed advice. This Committee welcomed and greatly assisted in spreading information about the Gräfenburg ring which has since proved so disastrous and been discarded by almost every careful doctor in this country (*see also* p. 107). This Committee also published and circulated the view that "the best practical handbook which has yet appeared" is by "Michael Fielding." Yet this

book has three serious flaws which make it inadvisable that the public should be encouraged to trust it. The book combines, curiously enough, a credulity about "scientific research" which is given rein in the chapter entitled "Methods of the Future", with a surprising lack of discrimination in recommending the public to deal direct with commercial firms. Time and again throughout this book in footnotes the addresses of purely commercial firms and commercial manufacturers are given and the public advised to write direct to them, instead of the advice one would think should be given, namely that they should go to properly run Clinics or medical practitioners and obtain recommended contraceptives through the clinics or the first-class pharmaceutical chemists' shops of regular standing.

The book, moreover, opens with a statement which is untrue, made not by the author but by one much greater than he, Mr. H. G. Wells, who in the Preface clearly states that by putting his own name on the cover of the book he does so deliberately that the words of the author should be bought, read and trusted. Yet Mr. Wells says in the first paragraph of his Preface the untruth that the etiquette of the medical profession forbids the author to put his own name to the book. When this first appeared I wrote without effect to Mr. Wells asking him to withdraw the statement that medical etiquette forbids a medical author to put his name to a birth control book, as it was both a slur on the movement for birth control and quite untrue. Many medical men and women had put their names to books on birth control, for instance *Medical Help on Birth Control* (*see* p. 171) was written entirely by medicals

openly signing their names, to give one instance only. A large public has been directed to "Fielding's" book by the eulogies of Mr. H. G. Wells, who was then quite astonished to learn that a large commercial (not scientific or medical) firm had an enormous fillip given to its trade as a result of Mr. Wells' praise of "Fielding's" book. Just at a time when the scientific and philanthropic social workers, who have been behind the birth control movement, hoped that they had begun to conquer the evils involved in the predominance of the purely commercial, untrained interests in contraceptives, and when they had hoped that the public were beginning to realize that they should go to Clinics or medical advisers and to recognized and trained pharmacists for supplies, along came "Michael Fielding" and Mr. H. G. Wells to direct them to the untrained, commercial firms whose baneful influence it had been part of the public service of the birth control movement to endeavour to replace, if not eliminate.

No wonder the public are getting confused about the subject of birth control and that I am often being asked to unravel problems resulting from such bewildering positions as have recently been created.

The intelligent woman asks me to be outspoken and explicit and at the risk, alas! of making enemies, I am trying to be so for her sake. Briefly, then, if the intelligent woman has already got her children, has some serious defect such as kidney trouble with every pregnancy, or knows herself to be unfit ever again to bear a child, she must choose according to her circumstances and state of health between sterilization and clinical birth control methods. In

my opinion sterilization is only advisible if she is definitely unfit ever again to become a mother. The fact that she may have three or four children and merely not *want* any more does not justify sterilization if she is a healthy, normally formed woman, for this reason: The chances of life are unpredictable, and in one family known to me all the four children were swept away in a boating accident at the seaside. Picture such healthy parents, still young! Almost inevitably in a year or two they would desire to have a child again, and the added anguish in such circumstances of the mother or father who had permanently sterilized themselves is not lightly to be risked.

The unhealthy or injured man or woman is in another category, and for such people surgical sterilization offers convenience and security.

It should be remembered, however, that sterilization for a woman is almost a major operation, will necessitate more than a week in bed, and is not always absolutely permanent.

For a man, on the other hand, by means of the simple "office operation" of vasectomy, sterilization is very simple, absolutely safe, and requires only one day's rest. It leaves the man fully capable of all marital duties, but prevents the sperms entering the woman. Where sterilization of a couple is desired, therefore, it is generally better that it should be undertaken by the man than by the woman.

But sterilization is distinct from true *control.* Control of fertility should mean something similar to the control of a moving car, that means *the power to steer it,* so that it may move either to the right or the left, go straight on or stop, according to the desire and need of the one in command.

The intelligent woman, young, healthy and normally formed, is without any doubt wise to be herself the one in command. There are three possible people who may be in control of her womb, and she has to choose who it shall be. According to her choice the method of birth control used may be different.

(*a*) Is her medical attendant to be in control? If so, and if she is content to be passive and able to be frequently examined and supervised, then there are one or two forms of internal mechanism which the medical attendant can introduce which will give her approximate security while they are in place. Each of these methods, however, has very grave objections. None of them are as reliable as the simple, clinical methods that a woman can use herself if she is sufficiently careful. But for the lazy-minded woman they have just this one advantage, that she has unloaded her responsibility on to the shoulders of someone else. Needless to say, for this reason alone I do not recommend any one of these methods for *intelligent* women. As the methods all have other and very serious objections, I will discuss them again later on in the book (*see* pp. 106-7).

(*b*) She can leave the control of her motherhood in the hands of her mate. Her husband can use for this purpose either old-fashioned, harmful and unsafe methods such as *coitus interruptus* or *coitus reservatus* or he can use the condom or sheath, sometimes popularly called the "French letter." At certain times it is advisable that the wife should rely on the husband's use of the condom, but that is only recommended for short periods, and only if the husband is considerate, intelligent, and abstemious

enough not to approach his wife when semi-intoxicated and therefore incapable of the necessary care at a time when it is particularly important that he should not impregnate her. Points about the condom will be given later on (*see* p. 92).

(*c*) The woman who feels her own responsibilities, knowing that Nature has placed on her the grave duties of motherhood and has so constructed her that the best physiological methods of birth control are those which she alone can use, will want to be in control *herself*. The intelligent woman should consider which of the various methods suits her best of those she herself can use. Her best procedure is to read to the end of this volume first so that she goes not quite blindly, but with some idea of what will best suit her own circumstances; to seek personal examination and advice at a C.B.C. Clinic where she may get experienced and qualified instruction, or to go to her own medical attendant for the necessary fitting, instruction, and general overhaul in connection with a suitable method. It may prove that she is not able to use the one she herself wishes, for some reason of internal organization which she herself could not detect. It is really important that she should consult an expert if she possibly can before using any method. Till then she should use the very simple sponge and oil (*see* pp. 45, 88) until she can get in touch with an expert or go to some good Clinic.

After the method has been decided, and the woman has been fitted, and the necessary very simple materials obtained, she must remember that to be successful *it must be used accurately* **every** *time*. However simple the technique (and the use of the most scientific methods is as simple as gargling or inserting

a set of false teeth) there is nevertheless this difference between the use of a birth control method and any other simple, hygienic practice—the consequences are much more serious and the results depend much more on the user than on the doctor who advised and chose the size, etc. If you have a sore throat and the doctor gives you something to gargle with three times a day, and something to take, and you omit one of the three gargles, your throat will not immediately flare up and choke you, or if you forget to take one of the teaspoonfuls of the allotted medicine or take two teaspoonfuls by mistake, there may be some slight disturbance as a result but you are not likely to die or become seriously deranged from such a forgetfulness of one of the three doses in the twenty-four hours. But if you forget on one single occasion to do exactly what you have been advised to do for the contraceptive use of some simple apparatus or medicament, you risk a pregnancy as a result of that one act of carelessness or forgetfulness. It is *on yourself on every occasion* and not on the general advice of your medical man or woman that the success or failure of your control of your own pregnancy primarily depends.

After several years when all goes well because they are very careful, women sometimes become so accustomed to the security their carefulness has won them, that either they become forgetful or think that having been immune from a pregnancy for three or four years they will thereafter not require the same degree of care; and then they are surprised if one act of carelessness results in an undesired pregnancy. Some of them are aggrieved that after being safe for several years Nature should not have protected them

from the result of a single act of carelessness! With all that concerns conception, however, Nature is ruthless, and the smallest neglect may lead to an undesired fertilization.

There has been a good deal in the semi-technical press about the need for "science" to produce a hundred per cent. safe method, but as Norman Haire, M.B., very wisely said, "Present methods are a hundred per cent. safe if used a hundred per cent. intelligently with a hundred per cent. of care." Eternal vigilance is the price of liberty—from undesirable pregnancy.

The intelligent woman must not forget that one of the most important aspects of the control of conception is its value in *spacing* desired births. Most young and healthy women wish to bear babies—but to satisfy them they must be healthy babies. It is therefore most important that they should use an absolutely harmless method which can have no physiological reactions to injure or even slightly lower their own standard of health and the perfection of the children to be born in succession at healthy happy intervals. For these reasons also I strongly urge young women to use only the simple, scientific methods advised at our Clinics and also now by many medical practitioners, and I beg them not to use any metal apparatus and not to turn for advice to the catalogues of purely commercial vendors only out to sell their own wares. Traders can always get apparently imposing testimonials from people with some sort of degree but with no real knowledge of the scientific or clinical aspects of the problems involved. The commercial interests in connection with birth control are so vast, and profits

in the past have been so exorbitant, that commercial vendors are able to flood the market with specious catalogues and even books purporting to be written by physicians so cleverly disguised as to appear like ordinary literature on the subject.

For many years I have worked to clean up this subject. The disastrous and quite unwarrantable association of the control of conception (the reasoned performance of our highest and most responsible function) with the mire that clogged it when I began, made my task difficult.

In general let me say that, as Lord Dawson showed in the House of Lords, grave evils are associated with many purely commercial concerns that push contraceptives, so I trust you will not write for catalogues or for "goods" to pornographic commercial concerns, nor go to the "Leicester Square" type of supply store, which is such an eyesore all over the country. Do not answer advertisements offering birth control or, alternatively, pills for "female irregularities" which appear in quite a number of the provincial papers. Go to the many reputable branches of the well-known firm of Messrs. Boots, now in almost every district, from all of whom the contraceptives recognized by the Medical Committee of the Society for Constructive Birth Control can be obtained without the obtrusive catalogues of aphrodisiacs, abortifacients and putative abortifacient pill, almost always accompanying goods sent out by commercial firms "specializing" in the subject of birth control.

Chapter II

WHAT WE ARE CONTROLLING

(If you do not want to understand Why, skip this chapter and go on to the next where you will be told How, very simply.)

IN spite of the surprising ignorance of a few young people who even in these days grow up so unaware of life that they think that a kiss on the lips will give a girl a baby; and of some young married people who are still under the impression that coitus and the birth of a baby should take place through the navel, one may assume that it is general knowledge that a baby begins with the ordinary act of sex union between a man and a woman. There appear to be some rare exceptions to this, and our Law Courts have seen some famous legal actions fought about the paternity of a child generated without any penetration of the woman by the man. From time to time such pregnancies do occur and they appear impossible to some people and extremely mysterious to all until the physiological facts governing the process of the formation of the embryo are known.

Some women do not become mothers even although they have experienced complete union, and they, desiring babies, require the special help of *positive* birth control or *pro*-conception. This aspect of birth control is not dealt with in this book, partly because the need is much rarer and but few readers would be interested, and partly because general

advice is of little use. Each problem needs individual treatment. This is given freely at the C.B.C. Birth Control Clinics I founded. Any reader who wants, but cannot get, a baby, should go to one of them for advice.

Most women get too many babies too readily, so that most women know what it is they want to control. Yet few know how to do this, and they need the power to determine *when* they will become pregnant so that they can space the births of their children in accordance with their health and means. They cannot really understand the *reasons* for the very simple instructions given to them at a birth control clinic, or in a book of advice, until they know something about the mechanism both of their own and their husband's bodies. In the following pages I give simple elementary facts of human physiology unknown to the majority of adults to-day because the education most people have received has been disgracefully ill-balanced.

A clear and straightforward knowledge of the essential organs of both man and woman is necessary if any of the various means of controlling conception are to be applied *intelligently*, and though the actual birth control measures are so simple that one can use them successfully without knowing why, I assume my readers are intelligent and do like to know why. All the complicated processes and reactions concerned in the act of union are of course not yet completely understood even by the most learned scientists, and science must reveal much more before anything like full knowledge will be available. Yet the main features of human structure are comparatively simple, and the actual mechanism is so

arranged that the practical means of controlling conception in normally formed, normally intelligent and normally healthy women are simple and easy to manipulate.

No baby can begin unless the *ovum* or egg cell, which it is the woman's function to produce, is met by, penetrated by, and completely joined and fused together with, at least one (possibly more may enter the egg cell but they are not essential) of the *spermatozoa* produced by the male. In the course of the union of egg and sperm complete fusion of the two takes place. The specially dividing kernel or *nucleus* in each of the two distinct cells, the sperm and the ovum, interfuse so that their ultimate microscopic particles are inextricably mingled. They then divide by an extremely beautiful polar process called karyokinesis or mitosis, so that every cell contains subdivisions of the fused male and female kernel or nucleus.

How does the spermatozoon reach the ovum?

The ovum or egg cell does not leave the body of the woman who produces it before fertilization, but the spermatozoa have to leave the body of the man, and he is so formed that he may place his spermatozoa within the special vestibule, or entrance hall, or portal of the woman's internal sex organs, and there he leaves the spermatozoa to carry on their journey alone by their own powers of movement. This each does by lashing a long slender tail or cilium, swimming rapidly in proportion to its size, but as its size is very minute it travels of course very slowly, only about a couple of millimetres a minute. Swimming through what is in proportion to its size an ocean of moisture within the end of the vagina, then up

through the cervix or neck of the womb itself, sometimes right up the womb and into the tubes of the womb until it reaches almost to the ovaries. But generally it is presumed that the spermatozoon meets

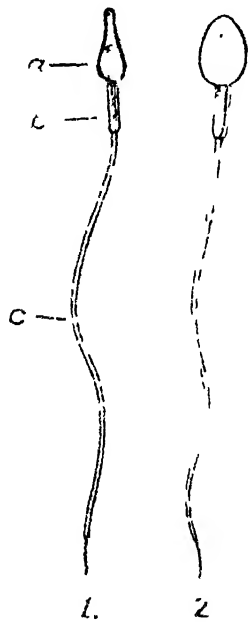

FIG. 1.—Side and front views of human spermatozoa.

Though only consisting of one single cell, its shape is specialized and the parts spoken of as *a*, head, *b*, body, *c*, tail

Magnified 1,300 time

the ovum on its way downwards, on its outward involuntary journey. At any rate, whether it meets the ovum above the womb in the tubes or in the womb itself, after it has met the ovum and fused with it they together form one tiny ball of jelly compounded of the sperm and the ovum. This settles

down on the wall of the womb and there, if all goes well, grows into a baby.

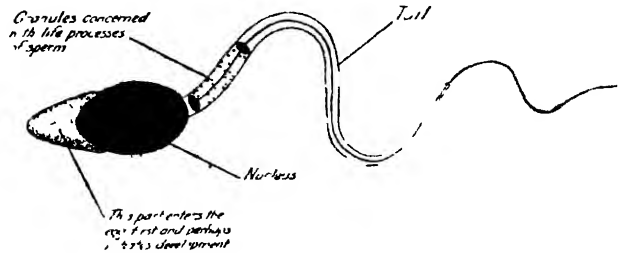

FIG. 2.—Enormously enlarged diagram of a spermatozoon, showing the different regions in diagrammatic form. (After Baker.)

Figs. 1 and 2 are very greatly enlarged diagrams of single spermatozoon. Fig. 3 is a rough diagram of an ovum and spermatozoon in proportionate sizes,

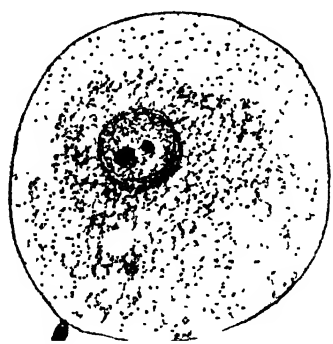

FIG. 3.—Diagram of ovum (or egg) with its nucleus and an entering spermatozoon.

showing how very minute the sperms are. This can be imagined but not actually seen, and a mental

picture of its size can be gauged when it is realized that the ovum is a minute piece of jelly actually about the size of the smallest pin's head, so that spermatozoa are quite invisible to the naked eye.

To control active creatures we cannot see may sound essentially complicated, and of course the elaborate processes of the creation of a new life are immensely complicated, but fortunately for us our power of *controlling* pregnancy depends on simple processes. It is easy to prevent the active little sperm from ever finding the ovum. How we can best do that we can consider when we have looked more into the detail of the structure of the man and the woman.

THE MAN

As the part played by the man is more active, and as some portions of his sex apparatus are externally visible, most people know rather more about the mechanism of the man than they do of the woman; though there are many misconceptions even about the simplest parts of his physiology.

The essential function of the whole complicated male apparatus is the production of the minute fertilizing sperm (*spermatozoon*).

Each seems like a separate little live animal actively moving about on its own account. Millions of these are produced; in a healthy man between one and six hundred millions are ejected on each occasion of a marital union. The tubes bringing their multitudinous vital cells to the external canal take a long and roundabout course, each is so twisted back on itself as to be looped up for about two feet in length within the testicle. They emerge from the testicle to

go upwards, travelling right into the body, then twisting back on themselves and out again as will be seen in a purely diagrammatic form in Fig. 4. Each

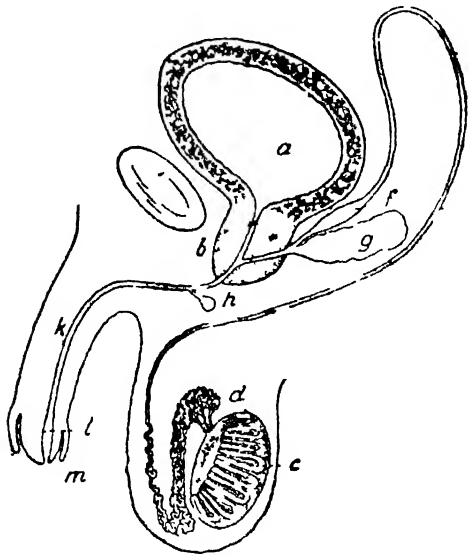

FIG. 4.—Diagram of male organs as though cut through lengthways

a Bladder
b Prostate
c Testicle (one of two)
d Epididymis, a junction of minute tubes from each testicle, which unite to form the larger canal
e The Vas deferens
f Dilated part, or ampulla, of Vas deferens
g Seminal vesicle, or one of the two storehouses of spermatozoa
h Cowper's gland
k Urethra
l Glans penis, generally covered by the protective skin of the
m Prepuce

tube is then called the Vas deferens, and leads to reservoirs of spermatozoa, near the bladder, the *seminal vesicles*. At the time of ejaculation they are

joined by the secretion of the prostate, and all together ejected through the canal in the external pipe-like organ, the penis, the canal also leading away the waste product of the kidneys.

In Fig. 5 a more detailed drawing of the other organs round these parts is shown as though the body had been cut through vertically. On this diagram the scientific names of the principal parts are given, and these technical names should be used partly because only such names are accurately defined, so that one knows exactly to which portion of the structure they refer, and partly because so much vulgarity has been created round the popular names by the schoolboy mentality and adults of the moron type, that it is better not to use the vulgar names since they are soiled and cause a reaction of shame in many people.

One should have no shame about these structures, for they minister to the greatest function within man's power — his creative function. The more accurately and in detail one understands the relations of the parts and the physiological reactions they undergo during union, the better is one prepared, both mentally and physically to control them wisely.

The tissues inside the testicles are distinguished by their capacity incessantly to reproduce vital cells; what is called the "*mother tissue*" generating the spermatozoa retains that kind of vital activity of growth possessed by all young embryos, gradually subsiding as the full size of the body is reached, but in a healthy man this is retained almost to the end of his life in the special tissues within the testicles. This is true in the main, whether the results of this activity are used for their predestined purpose or not.

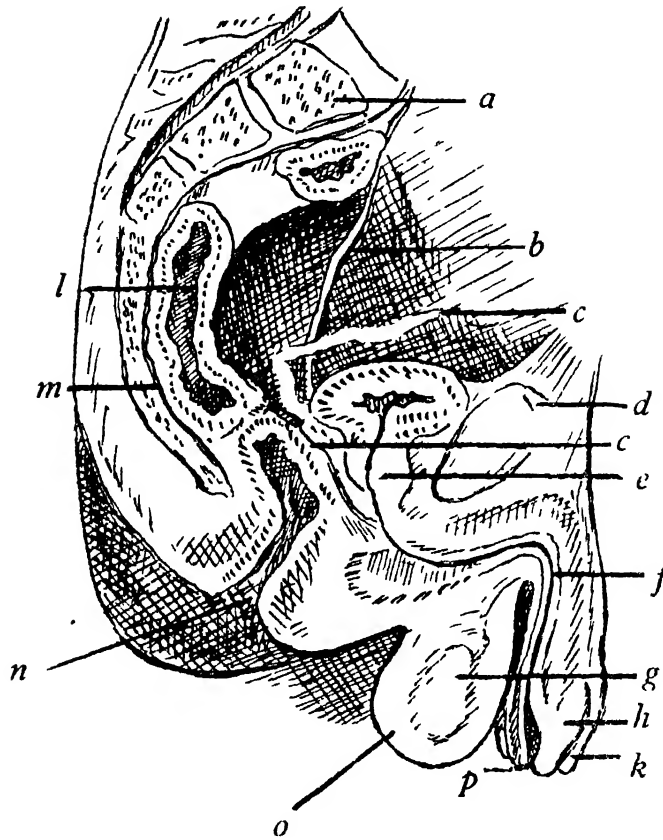

FIG. 5.—Longitudinal section through the basal part of a man's body, showing the relation of the bones, sex organs and bladder

a Base of spine cut through	*f* Urethra	*m* Coccyx
b Ureter	*g* Testicle	*n* Anus
c Vas deferens	*h* Glans penis	*o* Scrotum cut open
d Symphysis pubis	*k* Prepuce	*p* Opening of urethral canal
e Prostate	*l* Rectum	

The process is a good illustration of the ruthless waste in Nature. Even in those acts of union where there is no thought of control, no barrier being placed between the egg cell and spermatozoa, only one or two at the most can do the job for which every one of these hundreds of millions were equipped. The others are utterly wasted or play a very subsidiary part. Though each is so small, by their enormous numbers in aggregate they create a sufficient mass to be visible as a rather glutinous milky-like substance, a teaspoonful or more in total amount. As they pass down the convoluted tube through which they take their exit (see *e* in Fig. 4, p. 24) and before they reach the outer world, they are mingled with secretions from some important glands embedded in the same region of the body, ready to discharge their special substances (secretions with peculiar properties) at the right moment and thus add to the fluid ejaculated in union. The most important of these secretions is an alkaline one coming from the prostate gland which has very distinctive chemical qualities. Cowper's gland also discharges a different alkaline fluid.

The prostatic gland is about the size of a chestnut when healthy, and it is the gland which increases in size in some ageing men till it has to be operated on or treated, to prevent it enlarging too much. Cowper's gland is only about the size of a pea and yields a few drops of clear lubricating alkaline fluid.

This complicated mixture of various secretions and the mass of living spermatozoa together form what is commonly called the "seminal fluid." All mingled they are conducted to the outer world through the central canal of the male organ or penis,

where surrounded and permeated by the complex fluid secretions the spermatozoa travel on passively till they are ejaculated in the female vaginal canal whence they set out by means of their own motility.

Owing to a lack of clear realization of the above facts, many deplorable psychological results have arisen and tended to vulgarize the ideas of sex union, to debase the acts of potential parenthood and all the expressions of sex life. The idea that the sex act of the male is a mere *getting rid* of something for his own convenience is deplorably widespread, and has undoubtedly been a factor contributing not a little to the long-continued disregard by serious and scientific as well as deeply religious adult minds in the community of all that concerns these functions, and in particular of control of them. For lack of real understanding of sex, women as mothers have suffered incalculable agony, and the race has gravely deteriorated.

The activities displayed by the male in sex-union are of two kinds: (*a*) Those of the man himself; (*b*) the independent movements of the released vital and motile spermatozoa. (*a*) *Movement* (both muscular and also that caused by the suffusion of blood to the numerous veins in the penis) in the time of excitement conveys the spermatozoa to the outer vestibule or vagina of the woman, and ejaculates them there. (*b*) The spermatozoa find their way when outside the body of the man, roaming free within the vagina of the woman. There the second kind of activity takes place, and all the individual minute spermatozoa start their independent journeys, each lashing its minute tail and swimming about in its endeavour to find and penetrate the small orifice

or canal in the neck of the womb within which it swims on seeking the ovum.

The *time* at which the control of parenthood should be exercised is *before* coitus. The *place* at which the control of parenthood should be exercised is just *outside* the neck of the womb at the os, or opening, in the neck of the womb (*see* Figs. 6, 7 and 9). It is there that the barrier should be set up to prevent the ovum and the spermatozoa ever coming within reach of each other.

To set up a barrier or take steps by other means to prevent the masculine seminal fluid with its prostatic secretions and spermatozoa all passing normally into the vaginal canal, is to deprive and injure both the man and the woman of an important part of the benefits of coitus; to take steps aimed at belated control after spermatozoa have been discharged and are already on their way up the canal of the os is too late. They cannot be overtaken and "failure" of control, the initiation of an undesired pregnancy, leading either to an abortion or the birth of an undesired child, will be the inevitable result unless, as of course often may happen, the spermatozoa are themselves feeble and fail to impregnate through their own lack of vitality.

Now it should be realized that after the act of union has commenced and certain local reactions have taken place, the enlargement of the veins, the discharge of the prostate and other subsidiary glands, and so on, are all entirely automatic. Once a certain stage has been reached the process is then beyond the conscious control of the man, so that control must be at the right time, that is some time *before* the sex act has begun.

It is true that those ignorant of physiology and of the modern technique sometimes use an extremely bad but very old method of birth control depending largely on the obligation of nervous control just before it becomes impossible, so that the man "withdraws" immediately before the critical instant of ejaculation. I want to emphasize the harm of this extremely bad method for a number of reasons, and though it has undoubtedly been used by countless thousands of men with more or less apparent success, it has also brought in its train a vast army of correlated evils which are often not recognized as being associated with this harmful method of birth control. In addition to that it is very unreliable and often leads to "failure" because a little drop of secretion, bringing a few spermatozoa with it, may exude long before the man is aware of any loss, or the spermatozoa may even be retained there from a former ejaculation and may then actively travel and reach the ovum apart from the ejaculation which the man thinks he is controlling.

The critical *place* for control is the point marked *O* in Fig. 9, p. 66, within the woman. The reason this is the critical point at which control should take place is because the whole intimate and subtle mechanism of sex-union is very largely a nervous, mental and emotional one; the control exercised should take the form of intelligent forethought before the act of union commences at all. This is most scientifically accomplished by placing within the woman, either directly over the os or lying across the end of the vagina, a suitable barrier of a nature which once in position can be forgotten, so that it need not interfere with the nervous and psychological reactions during

or immediately after the act of union itself, for after the act of union both should sleep undisturbed (see *Enduring Passion*).

What forms the barrier may take, which are the most effective, and the easiest to apply under the various circumstances, will be considered in the following chapters.

THE WOMAN

Differing from men, women's important sex organs all lie *internally*, although just outside the opening of the vestibule-canal of the *vagina* there are two pairs of special lip-like folds, called the *labia*, and at the junction in the front of these is a small but very special organ with particularly sensitive nerves, called the *clitoris* (*see* Fig. 6, *d*). These, though accessory and comparatively unimportant parts of the woman's sex mechanism, all have useful functions, especially the clitoris which is stirred by emotion to cause nervous reactions contributing to the completed orgasm.

Just as the man has two testicles or masses of active cells producing spermatozoa, so has the woman two ovaries or masses of active cells producing ova or egg-cells. These are seen laid out in a simple diagrammatic form in Fig. 8, on the one side cut open, on the other seen solid and as though attached to the folds of thin skin inside the body cavity. The vital units are the ova or egg-cells, and these are slowly but incessantly matured within the ovary. They are fewer than the spermatozoa and they are much more massive than the male cells, being about 1/125th of an inch in diameter, each a minute sphere or ball of translucent white jelly. The

relative size of the two vital units is seen in Fig. 3. Generally each ovary produces one ripe ovum every alternate month; there may be a second or third, but the number is always a small unit.

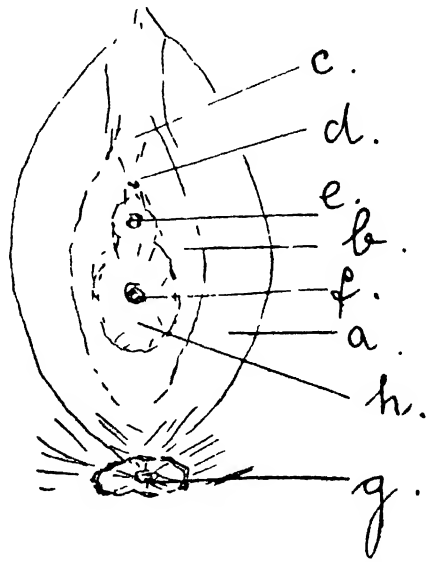

FIG. 6.—Diagram of the outer sex organs and openings associated in woman.

a One of the labia majora, or large lips
b One of the labia minora, or small lips
c Base of the corpus clitoridis, just at the junction of the small lips.
d Glans clitoridis or clitoris.
e Meatus, or exit of urinary canal.
f Virgin opening to vagina, which is very small.
g Anus
h Membrane closing vagina.

Though women's personal months are not always exactly lunar months, each ovum takes approximately two lunar months (eight weeks) to mature. Whereas in twenty-four hours or two or three days a

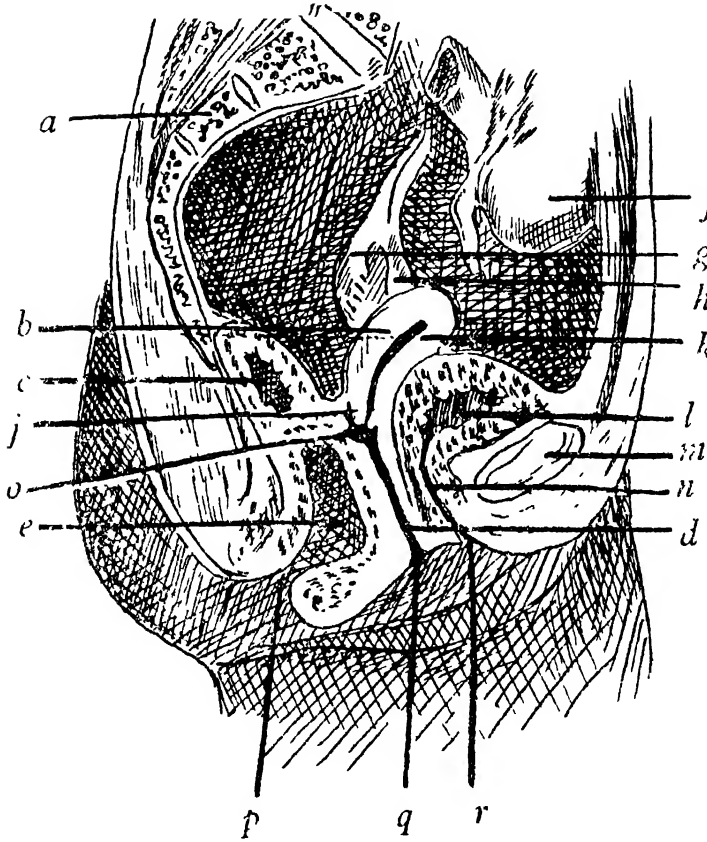

FIG. 7.—Longitudinal section through basal part of a female body.

a Section of spine.
b Thick muscular walls of uterus.
c End of intestines cut through.
d Vagina.
e Rectum.
f Cæcum.
g Ovary.
h Fallopian tube.
j Cervix, or neck of uterus.
k Uterus.
l Bladder cut through.
m Symphysis pubis.
n Urethra.
o Os, or opening of cervical canal.
p pening of anus.
q Opening of vagina.
r Opening of bladder.

normal man may produce and reproduce again the hundred of millions of minute fertilizing cells which correspond to the ova and with one of which the ovum has to fuse, so that countless millions of spermatozoa must inevitably be wasted even in a very fertile marriage.

The tubes leading the egg-cell from each ovary

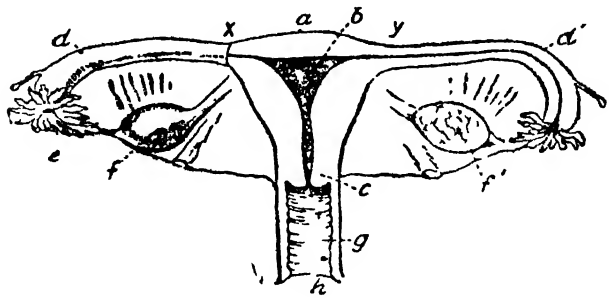

FIG. 8.—Diagram showing the ovaries and internal sex organs of a woman. (See *g* in Fig 7 Half natural size)

a	Fundus of uterus	*e*	Fimbriated end of Fallopian tube
b	Cavity of body of uterus	*f*	Ovary
c	Cervix	*f*¹	Ovary (cut open)
d	Fallopian tube	*g*	Vagina
*d*¹	Fallopian tube (cut open)	*h*	External opening of vaginal canal

into the womb or uterus are called Fallopian tubes. They have open ends which suck in the ova, and they curve downwards, ending and discharging into the top of the uterus (*see* Fig. 8). They do not follow so long a twisting course as do the tubes leading outwards from the male organ, but are comparatively short and straightforward. Already potentially present in the ovaries of an unmarried girl are tens of thousands of potential ova, far more than she will ever produce or set free in all her lifetime. The cells

produced by the ovary are of course the vital kernel of the whole sex apparatus, for these cells alone, when fertilized by the spermatozoa, are capable of initiating a new life or embryo as no other cells can.

In unmarried women, or wives who are not having coitus, these egg-cells are regularly discharged towards, but not directly into the outer world. They pass slowly down the Fallopian tubes into the uterus or womb and then into the vagina, and thence out of the body. It is generally in or just above the womb that they meet their corresponding male cell, and it is there certainly that when they have so met and fused with the male cell the combined cell settles down, rooting itself almost like a little plantlet in the tissues of the uterus, there to grow. This settling down is called *conception*. It is the settled and rooted fertilized egg which causes the immense number of changes in the woman's physiology which arise with pregnancy. By dividing repeatedly, the cells descended from the one fertilized egg together form the embryo of the baby developing within the womb of its mother. For this purpose the walls of the womb are extremely thick so as to be more stretchable than any ordinary elastic and to continue to stretch so as to enclose the baby until it is so large as to be ready for birth.

In the ordinary way, however, the walls of the womb are extremely thick and solid in comparison with the internal cavity, and at the neck of the womb they are almost adjacent, so that there is but a minute circular opening in the cervical canal called the os (*O* in Fig. 9, p. 66). Down through this canal and out of the os or mouth the unfertilized ovum travels.

It then finds itself in the outer vestibule or vagina and gets naturally washed away unnoticed. If it passes outside of the os before the spermatozoa enter the os, it dies without conception. It is before the ovum reaches so far down the womb as the os that its fruitful meeting with the spermatozoa takes place. Once again we come to the os, the mouth of the womb, as the critical point at which control must be exercised.

Before you can quite understand the simple procedure advised as methods of birth control in later pages, it is necessary to study a little more in detail the architecture of this region in the woman. Fig. 9 in rough outline is a diagram a little less than life-size of the end of the vaginal vestibule. The white part *d* represents the hollow of the vaginal canal as it appears when its extremely elastic walls are somewhat stretched when the male penis lies within. In the ordinary way many women's vaginal walls close in somewhat and the canal may be quite narrow, as is shown in the more elaborate diagram (Fig. 7, *q*). In Fig. 9 you will notice that round the solid neck of the womb, projecting somewhat into the end of this canal, the white hollow part of the vagina reaches higher up at *i* than the corresponding part does on the other side. These two regions are called *fornices* and may be seen, though not quite so clearly, in Fig. 7. Quite unimportant structurally, it happens that they are most useful and hence very important in connection with the fitting of the most scientific methods of birth control. Note also that the thick walls of the neck of the cervix projecting into the vaginal canal appear as lip-like ends when cut through, but they are really like a dome with a tiny

dimple at the top leading to the very minute central cervical canal—or os. One other point of great importance about this region is that in the normal act of union the male penis fits into the area (marked white on the diagram) approximately so far as to almost or quite touch the region at *O*, where lies the opening of the neck of the womb. When the ejaculation takes place without any protective measures having been arranged the spermatozoa may be shot directly into the canal immediately by *O*, the opening of the cervical canal.

Some women respond actively to the presence of the male organ in that region and the very elastic walls of the neck of the womb move so as to increase the size of the cervical canal. This may even be so marked as to make it possible for the very tip of the penis partly to enter the end of the cervical canal, which is thus greatly stretched in comparison with its quiescent condition. I was the first to discover and describe this condition in the human being under the name of "Coital interlocking" (*see* p. 171) The idea has since been adopted by many writers, and though this condition is rare, yet from the numbers attending the C.B.C. Clinic, it appears there must be many thousand women in this country alone in whom this may happen. When it happens, no method other than a definite covering over the os in the form of a cap, or over the penis a condom, would be successful. Without one or other of these coverings "failure" would certainly take place. That is to say that no chemical or grease or foaming suppository, such as are sold by many commercial firms with the assurance that they are "absolutely safe" used alone without a cap, can ever be really safe by themselves

for a woman in whom this interlocking process takes place.

All these points have to be taken into consideration when advising in general terms what women should use to control the times of their pregnancies.

Some further facts in connection with this region should be considered. Although the vaginal canal lies right inside the woman, its opening to the outer air in a married woman (it is closed in the virgin by a membrane—the hymen or "maidenhead") is quite a broad one, and the word "outer vestibule" well describes it. It is not part of the true body-cavity; it is in very much the same kind of position regarding the inner organ as the mouth is in regard to the lungs. It is open and in contact with the outer world and is a recipient of intrusions from the outer world and is so constructed as to form a protective door with a vestibule. The deeper cavity of the womb itself is separated from this outer vestibule by the extremely narrow cervical canal in which such stretching as I have described above is very intermittent, and the inner cavity of the uterus or womb is not intruded upon from the outer world, indeed cannot be penetrated from the outside with impunity.

There are a number of birth control appliances, particularly on the Continent and in America, made to penetrate further than the vagina; some are pushed in through the cervical canal, such as the "gold spring" which then remains fixed in the cervical canal projecting into the uterus.

Others like the "Gräfenburg ring" are placed in the womb itself, and in order to reach the womb have to be projected into it through the cervical canal, an operation only to be performed by a qualified

surgeon, and which even then may have many undesirable consequences. These are surgical methods of birth control and cannot be used by the woman herself. They are considered in a special chapter, and I do not recommend them. *All* are bad. Fuller accounts of the procedure and risks involved will be found in my book *Contraception* (*see* p. 171).

Before leaving the consideration of Fig. 7 it may be useful to mention one further point. Although I have spoken of the cervical canal and the opening at the neck of the womb, the os, as very minute, this means of course minute to our eyes; the opening is enormous to a spermatozoon and quite large enough for an ovum (which, as you will recall, is itself large in comparison with the spermatozoon) to pass through easily. It is not difficult for a spermatozoon to swim up that canal if it is deposited in the neighbourhood of its opening, or if it is left lurking about in the many soft folds of the lining of the vaginal canal. So that care must be exercised not only in the placing of a cap or other preventative before the act of union; it must not be removed too hastily or without taking some precautions, which will be described later, to ensure that the spermatozoon does not swim in some hours after the preventive barrier has been removed.

A further point of structural importance about women should perhaps be mentioned. It is through this opening that the unfertilized egg travels on its way out, one each month from alternate ovaries. It does not travel at the time of the menstrual flow as is generally supposed, but quite a considerable time afterwards; how many days after depends on the woman's personal equation. The ovum is a clear

colourless sphere of jelly, and only a very careful and observant woman can detect it in herself.

Now that you have some idea of the mechanism of sex and the functions of the parts concerned, you will be able to understand the reasons for the various simple and practical procedures described in the next chapters.

Chapter III

GOOD DOMESTIC MAKESHIFT METHODS

IN the main centres of civilization women can now obtain without any great difficulty expert instruction and the necessary supplies of contraceptives. But women living in the smaller towns or in the country, or travelling away from home, and women living in the far-away districts such as Canada, Australia and the East, may be quite out of reach both of any expert help from nurse, doctor or clinic, and any source of supplies other than those sent by post. Too often, however, even their postal communications are interfered with, either by recent reactionary laws, or, as in America, by the old Comstockery dating from the eighteen-seventies. Other modes of interference have been devised, so that there are innumerable women in the world now sufficiently instructed to know of the existence of birth control, so placed that they passionately want to use it because their need for it is urgent, and yet who are cut away from instruction and the sources of supply.

I feel that as this is a book designed to give technical help to just those women who most want help and who are still without it, their needs should be considered first. Their need is the same as that of quite a number of isolated women even in the one country in the world most civilized and advanced in the handling of contraception, England herself. In

England even the well-to-do and well-equipped Englishwoman may find herself unexpectedly without her birth control equipment, yet in such circumstances that she urgently needs it. An Englishwoman abroad is often in such a predicament. Let us imagine for example that she has had a long honeymoon and when entering Italy has lost all her luggage at the frontier, and finds herself with a passionate bridegroom in an Italian city still tainted by Mussolini's rule. There, where restrictive laws are in force, her money cannot purchase her any contraceptive at all. Is there anything she can do? Is there anything she can buy which no Government can prevent an ordinary shop from selling yet which may enable her to laugh at decrees against birth control? (Incidentally, I hope Italian and other Continental women may read this and that it may help them.)

when I first published the facts in this chapter, I should not have felt it so important for Englishwomen had the birth control movement not then suffered the shock and surprise of the incredibly dangerous and foolishly worded Bill, endeavouring to restrict the sale and advertisement of contraceptives, introduced into the House of Lords with good intentions but insufficient knowledge by Lord Dawson, M.D. By an enormous amount of active work behind the scenes by myself, amendments to remove from this Bill its most dangerous and restrictive Clauses were carried, but there were rumblings of the suggestion that the sale of all contraceptives should be treated as a trade-union prerogative of the medical profession, and contraceptives sold only on a doctor's prescription. As

reactionaries and enemies of women's freedom are ceaseless in their work of interference, it is not impossible that what we free women to-day consider the almost incredible might happen at any moment, even in this country, and the powers of reaction pass a law to some such effect. It is so much in the trade-union interest of the medical profession, and it would appear so plausible to the very moderate and nervous supporters of a restricted use of contraceptives (such as the Bishops and older social workers), that if the movement to do this (which undoubtedly still exists) were to be but a little emboldened it might be difficult to withstand, for free-minded and intelligent people are sadly in a minority, and are independent and disorganized in comparison with certain religious fanatics.

The person who demands legal restrictions necessitating a doctor's certificate for contraceptives has sometimes merely an interfering or bullying type of mind, but sometimes the demand is initiated by a real though unbalanced and exaggerated idea of the dangers of contraception, induced by reading expert articles about such bad and dangerous methods as the Gräfenburg ring, only used by unscrupulous surgeons. Many good, well-meaning people either do not know, or do not realize, that even in England, where the medical service is enormously better organized and medical help more widely available than it is in most parts of the world, only approximately fifty per cent., or one half, of the women who bear a child even see a doctor for the childbirth! The most they have is some help from a midwife. If women do not even *see* a doctor before or during the actual birth, what fantastic interference it is to

threaten legislation which will make it impossible for them to obtain a contraceptive without a doctor's certificate. And what cruelty! Enormous numbers of women dread and fear doctors in this connection, and those who doubt this statement should read my book *Mother England* and see what good reasons they have had for this feeling in the past. It is true that I founded the first Birth Control Clinic in order that properly trained experts should be there to give advice on birth control to the poor, so that women should not be left in ignorance and unhelped, and at our clinics we have charming and sympathetic medical officers, but I did not do my pioneer work and suffer for it with the intention of giving a monopoly in this vital subject to the medical profession. The expert midwife is for most poor women psychologically better fitted to give the advice, for many reasons.

The incessant curtailing of personal liberty in recent petty legislation has accustomed British people to give up their individual rights like sheep. In this respect women must not permit interference with their personal rights.

As offence is the best defence, and as I might be laid aside were a crisis sprung upon an unsuspecting public, and I know no one who has fought as I have for women in this matter, I think it is wise, *now* in advance, to render any such aggression ineffective. The best answer to any who are contemplating such an invasion of our liberties (and I know a number who do) is to let mothers and the world in general know that though the best scientific contraceptives and the commercially profitable contraceptives might be made difficult for them to obtain, there are very

good domestic makeshifts which, if used intelligently and as I describe in the following pages, make wholesome, effective contraceptives which no legislator in the world can prevent a woman purchasing and using at her own discretion.

So that for women all over the world to-day who are out of reach of specialized supplies, and for all women who may possibly be interfered with and shackled in the future, these pages of simple lore give valuable information and may solve their practical difficulties. The answer to the question in the paragraph above, on p. 42, is:—

"Yes, there are lots of things women, even in Italy, can buy and use as effective contraceptives—olive oil, for instance, is one of the best, if not the very best, contraceptives in the world."

Olive Oil, or Bland Cooking Oil

Almost any other bland oil would do, almond oil for instance, which is used for earache, or a cooking oil, but not of course mustard oil, for that would sting and cause irritation. There are a number of ways of applying salad or cooking oil effectively as a contraceptive, as you will see in the next paragraph.

The Bath Sponge

The easiest is by taking a small sponge (either a rubber or an ordinary close-grained sea sponge), cutting it down to the size required with an ordinary pair of scissors (*see* p. 89). An ordinary soft rubber bath-sponge to be cut well should be moistened in water, for rubber does not cut easily when dry. A cheap sponge bought at Woolworths will not be specially prepared to resist oil, but it will be quite

strong enough to be used successfully several times and when, as it certainly will do, it swells with the oil and the necessary boiling for cleansing, it can be clipped back to the right size. It should be cut flat about three inches across and just under half an inch thick and approximately round. But women vary very much, so as a good general rule, take it that each woman should cut it to the size of her own palm and the thickness of her own thumb.

In so remote a place that a rubber sponge cannot be purchased, roughly ravelled, clean *cotton waste* makes an excellent springy substitute, lightly netted across with crochet cotton to hold it together. Ordinary "cotton wool" may be used, but it is not so effective, because the oil flattens it to a soggy mass. Cotton waste is much springier and more like the texture of a sponge.

All the woman has to do, with either sponge or cotton-waste pad, is to take an ordinary saucer or soap dish, pour in some of the olive oil or cooking oil, soak the sponge or cotton waste in it, squeezing it gently out so that it just holds a little oil. Then she must sit Red Indian fashion on her heels, leaning forward, push the sponge or cotton waste up the vaginal canal with a slightly curved movement as far as it will go, let it spread out, and tuck it round with the end of her centre finger so that it covers over the neck of the cervical canal which projects into the end of the vaginal canal (*see* Figs. 7 and 9, pp. 33 and 66). Then she may laugh at sanctimonious tyrants and restrictive law-makers, for she has applied to herself one of the most wholesome and surest of all birth control methods.

For women in **India** and other Oriental countries, and indeed much the same applies to those in Africa or the Middle East, various oils are the most helpful of contraceptives. Olive oil is the best, but any of the many varieties of bland cooking or edible oil, or sandalwood oil will serve. I must here point out that even in the most advanced clinical methods where specially made caps and diaphragms are fitted by experts, there is not 100 per cent. security unless in addition there is also some form of grease or oil. For those using clinical methods suppositories made of a blend of low-melting point cocoa-butter and other fats are the most convenient to apply, but the principle is the same with the application of any grease. As it is not practical just to try to push a few drops of oil up the vagina, the oil or grease must be introduced either in a low-melting-point suppository or in some other convenient vehicle to carry it, the most convenient being a sponge, either a small holed sea sponge (big holes form a danger), or ordinary rubber sponge cut down, or a handful of cotton waste or animal wool, or other substance in which the oil can be soaked, and the small resultant oily pad pushed up the vagina. For Indian women in particular I advise cotton waste or teased-out animal wool as follows.

The woman should take enough of the cotton waste and make it into a little pad the size of the palm of her own hand and about the thickness of the end of her own thumb. The waste can be held together by lightly winding threads criss-cross like a spider's web so the tufts do not fall apart; or if clever she can crochet a little net for herself into which the pad can be fitted. Then into a cup or

small bowl she should pour a little of her ordinary cooking oil or sandalwood oil, or olive oil or *any* bland oil. This oil must be a bland one, **not** mustard oil, but any *bland* cooking oil she is using. The pad soaks it up and then she should lightly squeeze the pad to drain off the extra oil so it does not drip. This is then inserted high up in the vagina just before she goes to bed. It should be pinched somewhat together until it is up and there it should spread out, and she should tuck it round the neck of the womb at the end of the vagina. The pad and the oil together form a barrier past which the fertilizing spermatozoa will not be able to enter. It is best to insert this before going to bed so as not to disturb the romantic feeling and peace which sex-union should engender. It should remain there in place until the next morning, when it can be taken out while dressing and *burnt* or disposed of. If the waste has been enclosed merely in loose threads then the whole thing can be burnt, but if the pad of cotton waste has been enclosed in a specially made net, then the net may be preserved and washed, but if so it ought to be boiled to be really clean. It is probably better to hold the pad together with lightly bound threads and burn the whole thing.

The woman must realize she must not remove this pad immediately after the act of union has taken place, for the grease must be allowed thoroughly to deal with the spermatozoa. If removed too soon it would give them an opportunity of swimming in, but if left until the next morning it is almost certain all the spermatozoa would be rendered useless by that time.

Salt Butter

But perhaps it is late at night—some or all of these simple things are lacking and it is too late to make a purchase even of a sponge, a pair of scissors and oil. Then probably in the hotel or the household where she is staying there will be butter, salt butter for choice, but any butter will do. If so, let her take a pat of butter, about an inch across, rolled up circularly and push that up as high as it will go. Some women may find that quite safe by itself, for it corresponds in many ways to the simple, low-melting-point greasy suppositories which have served thousands of women successfully. It will be much safer, however, to have a solid barrier as well as the butter. If any kind of sponge is available, a second pat may be rubbed thoroughly into the sponge in place of the oil, and the sponge inserted as described on p. 46.

Powder Puffs

In an emergency one of the little powder puffs which are attached to a light, gauzy handkerchief, or one or two fine cambric handkerchiefs dipped in oil, or rubbed with butter and squeezed into a ball, may be used to form the essential barrier.

Vaseline

If neither butter nor oil are to be had, vaseline may be used in an emergency; either two teaspoonfuls of it by itself (which is not so safe), or smeared on to a pad of cotton-wool, a sponge, or powder puff, which should be pushed up between two fingers and left as nearly in position as possible over the neck of the womb. Vaseline does not spread to make the

protective grease-film nearly so well as oil or butter, but if enough of it is used it may serve in an emergency.

Soap

The use of soap as a contraceptive is of course as old as the hills. I have not said much about it in my other books because it has irritating effects on most sensitive women, and some women come out in a rash if they douche even once with soapy water. The rash does no serious harm, though it is unsightly, and rather irritable, and consequently particularly unsuitable for a bride. Yet it is probably better even for her to risk it than to take the more serious risk of undesired pregnancy.

A little piece of soap about the size of a walnut can be pushed high up the vagina, though to most women this would be definitely irritating and would cause smarting. A sponge soaked in soap lather, or a sponge with soap powder rubbed into it, would be milder and less irritating.

Almost all domestic or toilet soaps may cause some local irritation or lead to a slight skin rash. A good shaving soap cream is less irritating and if it is available it would be better to use that. It may be scooped out in a lump and pushed high up like a suppository, or a thick lather may be made and inserted with a sponge or cotton-waste pad. Some doctors and certain types of Clinics advise douching with soapy water, but douching is never a reliable contraceptive method by itself because it always has to come *after* the act of union. If soap is to be used at all in an emergency, it should be put in solid or as a thick lather, *before* the act of union commences.

Save as an emergency measure, I do not advise the use of soap at all.

It seems to me to be a good sound general principle that a woman should put nothing into her vagina that she would not put into her mouth, and soap is definitely unpleasant in the mouth. The vaginal tissues are as absorbent as those of the mouth, and almost as delicate. On the other hand, one has many a time used soap with which to brush one's teeth when one's ordinary dentifrice has run out or been forgotten, and no real harm lies in the unpleasantness of the soapsuds from either use.

Vinegar

Acetic acid, which is the main ingredient of vinegar, is a fairly effective spermaticide, and if no kind of oil or grease can be obtained a sponge soaked in vinegar and water will probably afford sufficient protection to most women. When using the sponge with vinegar only and no grease, a woman would be well advised to douche with some warm water and vinegar, before, and after removing the sponge. Acidity paralyses or destroys spermatozoa and the vinegar supplies the acidity necessary to kill the sperms, while the sponge forms a supplementary barrier. But almost any grease is safer than a non-greasy acid, so the addition of grease if it can be obtained in any form is advisable.

Fashions run their course in contraceptives as in other things, and a few years ago, before the scientific mind had investigated contraceptives, it was all the fashion to place great reliance on quinine. Now that pseudo-science talks and writes on contraception, and has praised lactic acid highly in this connection,

following, but not quite intelligently, the point advanced by me many years ago, with mention of lactic acid, viz. that nothing poisonous, dangerous, or too foreign should be placed in the vaginal canal owing to its absorptive capacity, a school of thought has arisen which pins its faith to lactic acid. But as a matter of fact acetic acid is very much better. We know acetic acid in the home as simple domestic vinegar, used by every cook and salad dresser. Acetic acid, diluted as vinegar and water, kills spermatozoa more effectively than lactic acid and at a strength not irritating to the tissues, whereas lactic acid even in the many prepared commercial lactic acid jellies, and other forms of lactic acid advised in many (particularly American) Clinics, and by some medical practitioners, are comparatively useless unless the lactic acid in them is strong enough to cause smarting and stinging, and so I see no reason to advise lactic acid as a contraceptive. Where a weak acid is desired, vinegar is good. As a domestic makeshift, vinegar and water as described above will probably be quite as safe and effective for most women as anything non-greasy can be. But *see* p. 83.

Lemon Juice

A useful form of acid is that obtained from the lemon, and curiously enough a lemon cut in half and the juice squeezed out in an ordinary lemon-squeezer leaves a skin in the form of a small cup or cap, not unlike one type of cap specially made of rubber and fitted at Clinics. The half lemon skin cap may be pinched together as a cap is pinched and held when inserting it, and if the woman then squats on her heels, leaning slightly forward, and pushes it

up with a backward movement until it finds the end of the vagina it will open out round the cervix. It will not fit and hold in position so securely as a proper contraceptive cap, but it may be better than nothing. A small sponge may be soaked in the juice of the lemon diluted with water, in about the proportion of one tablespoonful of lemon juice to rather more than one quart of warm water, and inserted and pushed up to the end of the vagina to make a further barrier if desired.

Powders

Powders of various sorts have been advocated and used for many years as chemical contraceptives, the most effective probably being powdered alum. Syringes and sprays to place contraceptive powders of various compositions are purchasable. As a domestic makeshift, powdered alum may be mixed with ordinary starch powder or face powder about half and half, and a powder puff thoroughly drenched with it. Then push the powder puff up the vaginal canal and leave it in place. This, of course, can only be used once. It is comparable with the little bunch of soft feathers so long used in the Orient for the same purpose.

Children's Rubber Balls

Even a tyrant could hardly wish to stop the sale of children's small soft rubber balls! Yet they too can be turned to account as good contraceptives. For women who have become accustomed to a rubber cap and can no longer obtain one, the introduction of a child's soft plain rubber ball would be an effective substitute. It should be about two

inches to three inches in diameter according to her internal size.

The ball must be a soft unpainted white, or plain red or grey rubber ball, and it will of course not long withstand the use of greasy suppositories or oil. These little balls used to be very cheap, only costing a penny or twopence each, and they are much easier to clean than a sponge, having no crevices. If the woman can afford to use each ball only once, she may prick it with a thick pin before insertion to let the air out so that it doubles back on itself and closes together in the shape of a cap. Thus when it is pushed up it can be pinched together, which makes it much more pleasant to use and easier to remove than when spherical. Refer to p. 66 and Fig. 9 illustrating how a cap should lie. Such a collapsible ball should be placed as nearly like a cap as possible. It would not be wise to rely on it by itself, and a *greasy* suppository or pat of butter should be pushed up first. On the other hand if the ball is not pricked and retains its spherical shape it is probably safer, though more difficult to take out. See that it is large enough, and then there is no need to place it more exactly than by pushing it up as high as it will go. The woman should make sure that the ball is large enough to fill the end of the vaginal canal right across from side to side so that it does not get pushed into one or other of the fornices instead of protecting the cervix.

A ball with a puncture, crack or crevice in the rubber will allow some of the spermatozoa to enter its own cavity, and a moment's thought will show that it will be difficult or impossible to get these spermatozoa out again, so that the ball would soon

become dirty and unhygienic for future use, leading to failure as well as unpleasant odour and contamination.

When using a plain ball as a contraceptive two alternatives alone should be considered: (1) Either to use a ball completely spherical, with no crack or puncture and which therefore does not allow any of the spermatozoa into its own cavity, and so it is safe to use it again and again; or (2) to prick a ball, double it in on itself, and use it as a cap, when it should be thrown away after being used once.

Toy Balloons

Considering still the predicament of people cut off from their ordinary supplies of contraceptives:— There is Woolworths with its children's toy balloons at the price of a few pence! Large, elongated toy balloons can be bought ready blown up so that the purchaser can be quite sure that they are without any puncture or flaw. These can be cut off from their stick where the width of the balloon is right for comfortable use, then rolled up and used as a substitute for an ordinary condom or sheath. The woman should use a pat of butter as a second safeguard.

Coughing only

Finally, to the woman who has not been able even to secure or use any of the above simple makeshifts, who has perhaps a domineering, ruthless husband who renders her helpless in this matter, there is always a small element of hope (though no reliable security) in one very ancient Oriental method. She may sit up immediately after sex-union and cough

very hard with as much muscular contraction of the lower abdomen as possible, followed by immediate urination.

But it is pitiful to think of a woman undertaking coitus with a man brutal enough to interfere with the seriously put and reasonably expressed wish of his wife to regulate the times and seasons of her motherhood, and I only suggest this as a last desperate hope to women snared and enchained in circumstances which are little removed from the worst forms of slavery. For motherhood cannot perform its very long and arduous task of producing and nurturing a healthy, happy child without the helpful and wholesomely minded co-operation of the child's father. Yet even well-meaning men are sometimes overcome by intoxication, and may place their wives in sudden jeopardy in a way they themselves are the first to deplore on returning to a normal sense of responsibility, so that I mention the above, far from secure, yet sometimes successful method, as it may be of service to women in sudden extremity.

Chapter IV

SCIENTIFIC CLINICAL METHODS

THE most scientific method of contraception is the one which secures the woman from pregnancy on every occasion it is used, and at the same time interferes least with all the normal physiological and psychological reactions of coitus, and which is the simplest and easiest to handle and to keep in order both before and after use. Fortunately such methods are also inexpensive. Alas, the combined facts of their simplicity and inexpensiveness have tended to make some members of the public incline to the view that they can be better served by more elaborate and more expensive methods designated by some "more scientific" without any real justification. It is extraordinary how the ordinary man and woman who has had no special training is impressed by cost and complexity and thereby quite often misled into thinking that the more costly a thing is, the more scientific it must be. Whereas the reverse is often true, precise development is away from the complex; evolution of the highest type leads to simplification.

In 1918 when I published my first book on this subject, that is *Wise Parenthood*, no real scientific attitude of inquiry or discrimination was applied to the subject. At that time, with the exception of the Dutch school of thought of which many of the exponents were simple uneducated women who used a rubber diaphragm type of cap following the original

German school of thought dating from 1838 (see *Contraception*), the subject otherwise was almost entirely in the hands of commercial firms save for a few leading medical men such as Dr. Havelock Ellis and Dr. Robie who were then advising the condom (or French letter) for men as the best contraceptive (*see* p. 93). For scientific reasons I opposed this advice and attempted to get the subject considered on sounder physiological lines.

Without going into much detail about the whole subject I think the public should at any rate be asked to understand that there are now two main lines of scientific thought in connection with contraception: the one typified by the attitude of the expert members of the Medical Research Committee, founded by me in 1922 to work in association with the C.B.C. Clinics and Society. Through all the succeeding years members of this Committee have been consulted in conjunction with the steady progress at the Clinic, where every effort has been made to increase the reliability and effectiveness of the safe, simple methods *which can do no possible harm to anyone using them.* This seemed to me in 1921, and seems to me still, the soundest and most truly scientific attitude which can be adopted towards a subject so vitally important to the users, and to the race. I may say that though, as a result of scientific work at C.B.C. Clinics, a number of radical improvements in technique have been effected, nothing whatever dangerous or of a nature in the slightest degree to harm any user has ever been advised. This is in striking contrast to the other school of scientific thought arising some years after, where "scientific research" has been pursued on laboratory lines, with

alas! hasty recommendations sometimes very greatly to the detriment of the users of experimental methods, many of which have had to be withdrawn after proving to be dangerous.

This does not mean to say that I do not value laboratory research if done in a truly scientific spirit by persons adequately trained. But when the application of the research involves such serious practical results to women, the research workers must be prepared to submit to proper *clinical* scrutiny of their recommendations before rushing into print with published advice which may be seized upon by commercial firms only too eagerly awaiting anything likely to contribute to further money-making on their part.

The science of contraceptive technique is a very Cinderella of the sciences, with as yet no formulated laws. To ensure clarity of thought, the first thing needed is a *definition* of the term. So far as I can discover in the rapidly growing literature this science possesses only one clear and comprehensive definition. It is the one I thought out and published years ago, and is as follows:—

Definition: Contraception (birth control) is the use by either sex of any means whatsoever whereby coitus (the act of union between man and woman) may be experienced while at the same time the fusion of the ovum with the spermatozoon may be averted, so that conception does not take place.

Just as the law of gravity and other laws are universally recognized in the world of science, there are laws of deep significance in sex-life not yet formulated. I propose to do so. I think it will not be many years before the following are recognized

as fundamental laws by scientists. Contraception cannot be considered alone; it is a vital link in the chain of sex experience, a factor of great social signification. So I formulated the following:—

Laws

Law I.—That the normal coitus of young married people in normal health is beneficial.

Law II.—That the coital act, apart from its psychological and amative value, has a double physiological result: (*a*) generative, initiating an embryo; and (*b*) nutritive and restorative for both the participating adults.

Law III.—That the two main functions of coitus are separable.

Law IV.—That the reproductive function of coitus should be exercised under such control as gives the *optimum* conditions for both mother and resulting child.

Law V.—That such a period of time should elapse between pregnancies that they are spaced in accordance with the individual optimum.

Law VI.—That for normal, healthy young people the optimum period between pregnancies is best achieved by the application of some scientific means of contraception.

Law VII.—That the contraceptive used should introduce the minimum disturbance of normal coitus and should allow the contact of the epithelia of the two sexes.

Law VIII.—That for regular use methods adopted by the female are more scientific and give better results than methods used by the male.

Law IX.—That the walls of the vaginal canal are absorptive.

Law X.—And consequently no chemical should be placed in the vagina which would be dangerous or unpleasant in the mouth.

Corollary

At the time of writing the practical measure meeting all these circumstances is the use by women of a vaginal barrier with some additional bland chemical—in the form of a soluble suppository. "Cap and chemical" represents the formula of the safest contraceptive method. But the "Chemical" must not be poisonous.

Time alone will show whether the above are theories or laws. So wide is my experience, however, that I feel very confident that these short crystallized statements of facts will prove to be fundamental laws of Nature.

This may be going a little further into the theory of the subject than the ordinary woman wants for her practical purpose, but with the increasing intelligence women are applying to their lives, I think many will be interested.

The critical region in the vagina is not its outer entrance but the very small canal with its almost pin-point entrance at the upper end of the vaginal canal where the cervical canal leads directly into the womb. If across this point a thin rubber barrier is interposed then there is along the whole length of the canal unimpeded contact between the epithelia of the two sexes during coitus. This has certain essential physiological reactions which should not be interfered with.

The additional greasy suppository (or sperm-clogger) is needed because on the following day when the cap or barrier is removed some living sperms may have continued to linger in the corrugated folds of the vaginal walls, and though this rarely takes place, they might thereafter swim up and enter the uterus and fertilize it, the next day, or even many days after, according to their degree of vitality.

So long as men and women have the internal configuration given them by Nature nothing more *safe* in every sense of the word (including less harmful) is likely to be devised for a long time—if ever.

"Chemicals" are represented by a legion of ever-new trade varieties of the three main classes of suppositories, those with a greasy base, with a non-greasy base, and those of a foaming type. Their harmlessness or otherwise varies with their content.

The best clinical results are obtained when the "chemicals" are reduced to a low melting-point grease only. All the innumerable poisonous substances put into suppositories are to be avoided.

The "cap and chemical" formula is scientifically established. It is also a most practical method of birth control. Since it was adopted as the basis of the work at my Clinic (the oldest in the world), the remarkable universality of the adoption of this basic formula by the numerous Clinics thereafter founded all over the world testifies to its practical efficiency.

Slight differences, modifications of the make of the caps, which are now sold under an immense number of proprietary trade names, and variations of the chemical pessaries which are legion, are all only minor modifications of the fundamental accept-

ance of the basic procedure of the "cap and chemical" method. Yet there is a curious and widespread attempt by some people who are really using the formula, to conceal the fundamental unanimity of their agreement with me.

A blatant example of this occurred a few years ago in America, where in a book on the technique of contraception a whole chapter was headed "*A New Method for America*," to which one turned with eager anticipation of novelty only to find it was a vaginal rubber cap, and chemicals introduced in a non-greasy base – just the cap and chemical with trifling local modifications leading *back* to error.

The ordinary intelligent woman will now ask, "What am I to do to obey the fundamental laws on pp. 60, 61 and to apply to my own personal case the practical result of their teaching?" I answer:—

To get the best result from your use of a birth control method it is undoubtedly important, for some women essential, to have one preliminary internal examination by someone, preferably another married woman, a doctor or trained midwife, who is qualified by special training and experience to recognize your own particular internal indications as to the method you should adopt. It is necessary to ascertain whether or not you are normal and healthy internally. Many women consider themselves perfectly normal and healthy and yet may have some slight or greater laceration in the cervical region or some discharge or some displacement of which they are unconscious, and yet which may be of sufficient real significance to prevent them using the birth control method of their choice, or the method which, were they normal, it would be advisable for them to

use. It is impossible to get the best scientific results out of a method of contraception unless the internal configuration and health are adapted to the use of that particular method, and that is a personal matter which alone can be determined by a trained expert who examines you personally.

Naturally I consider that the best place at which to seek help is the headquarters of the Mothers' Clinic for Constructive Birth Control, at 108 Whitfield Street, Tottenham Court Road, London, England. This was the pioneer scientific Clinic in the world, it is free and it has the most stable tradition and a very specially trained staff. The midwives in attendance have unique experience as well as exceptional personal tact and kindness in overcoming the natural shyness and sometimes nervous fright of some women when they first come to the Clinic. But of course the question of distance, to say nothing of the limited space available, all make it impossible for more than a small percentage of the community to use that Clinic.

So I advise any woman who needs to use contraceptives, and whose own medical attendant cannot or will not instruct her, to go for a *fitting* so that she gets the right type and size of cap or diaphragm at the nearest Clinic to her, and then to carry on with the advice given in this book, and not to allow herself to be misled into douching, using poisonous chemicals, etc. which some of the many bad Clinics now about are likely to advise.

I want to emphasize the importance to every woman of having one complete internal examination before she embarks on the use of any contraceptive other than the simple sponge and oil (*see* p. 88).

Unless you are very well educated in human anatomy and can judge your own configuration exceptionally well, you have to be *taught* just how to place what is best to use. Even lady doctors often find they cannot use the best methods themselves until they have been taught how to do so. But it does not take long to learn; a quarter of an hour or twenty minutes is enough for any woman of average intelligence when taught by experts.

One interesting feature of the use of proper, scientific methods of birth control under sound instruction has been the assistance given in many other directions and the general improvement of women's health. Before presenting yourself to a Clinic or doctor for examination and advice on birth control it is important to realize that constipation, that bane of the modern woman, if excessive and chronic, is in itself a source of error and failure, and makes the use of either of the two best forms of caps difficult, less reliable, or even impossible. Eliminate constipation before going for the first fitting, and remember that it should not be allowed to recur.

The number, variety of shape, size and configuration of vaginal caps led for a good many years to considerable confusion and conflict of opinion about them, their value and the results from their use. In the 1901 and all other editions of *Contraception* I cleared up a good deal of this and classified caps into three main groups as follows:—

(1) The *portio* or thimble-like cap which fits tightly, gripping on to the end of the cervical canal (*see* p. 66, Fig. 9, *w*). These are much used on the Continent but are *bad*.

(2) The *occlusive*, soft, all-rubber Racial cap which

fits over and on the cervical region, leaving space all round the tree, but covered cervical neck (Fig. 9, *s*, *t*, and Fig. 10). It adheres partly by suction, partly by the gentle grip of the muscles in the grooves (fornices) at the end of the vaginal canal. These afford the most scientific mode of barrier as they

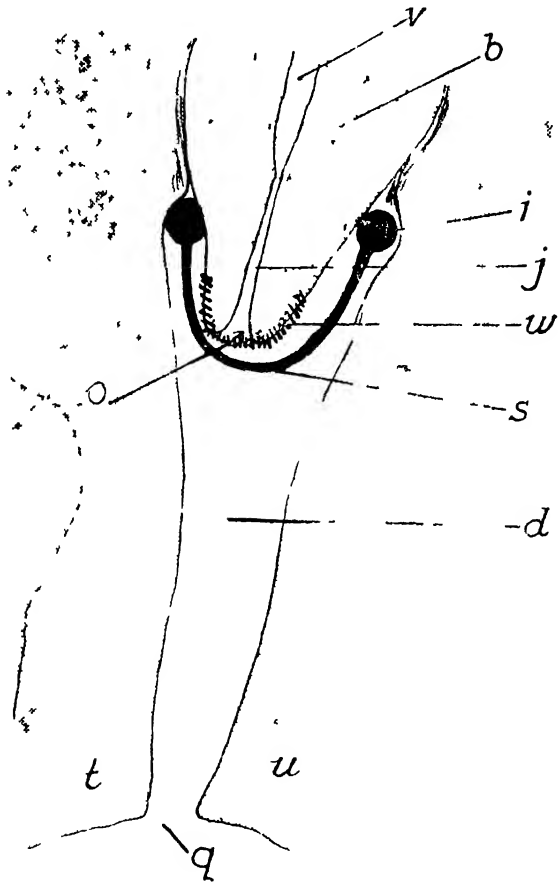

Fig. 9

interfere least with the reactions in coitus and cover the least amount of absorptive tissue.

(3) The *diaphragm* or Dutch type of cap, much larger than either of the above and spanning right across the vaginal wall, somewhat stretching it, and resting on the bony ledge (*see* Fig. 11 and Fig. 12). Their use is necessitated by some forms of internal organization or injury, also for many modern women in good health they are the best suited type of cap.

The Soft Rubber Occlusive Cap

The soft rubber occlusive cap has a high dome and a rim of solid, smooth rubber, firm enough to be springy and to retain its circular shape; quite smooth inside and out, so that it is easily kept clean (*see* Fig. 10).

All these features have resulted from the emphasis laid upon these important points by my work in the past. They have now been imitated by almost

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Fig. 9.—Diagram of the lower end or "neck" of the womb or uterus cut through to show how the bad "portio" and good occlusive caps are placed.

u Posterior side.

t Anterior side.

q Opening of vagina.

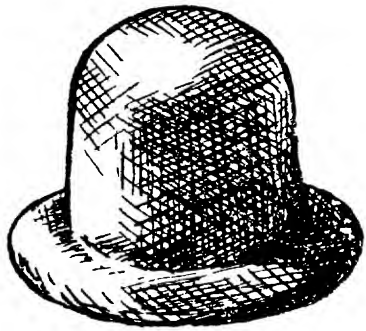
d Cavity of the vaginal canal.

s Soft top or cap end of the occlusive cap, which is cut through, the black circles at the base of it, *r*, are the circular rim of the cap *r*.

w The hard thimble-like portio cap cut through, showing how it presses closely on to the neck end of the womb and closes in the cervical canal *y* across its opening *o*.

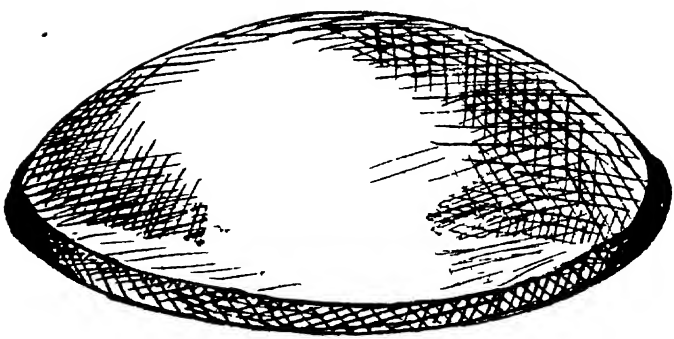
b The thick wall of the womb.

v The lower end of the cavity of the womb.



The occlusive cap.

FIG. 10



The "Dutch" or diaphragm cap.

FIG. 11

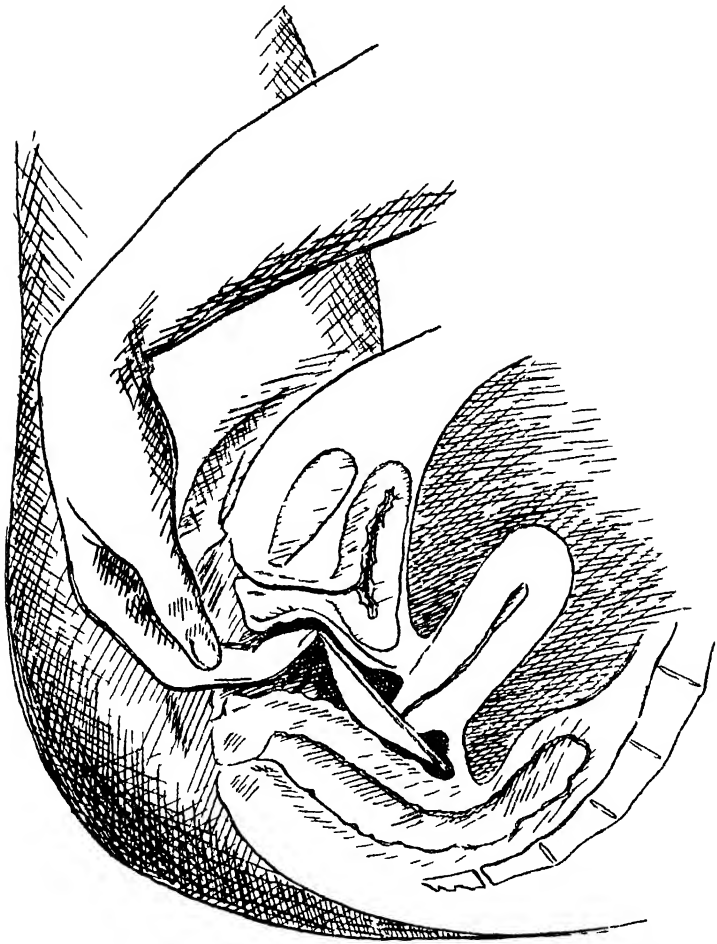


FIG. 12.—Showing the diaphragm or "Dutch cap" in its proper position held by the rim over the pubic bone. Modified from Holland-Rantos. This is how the 'Clinocap" and any other Dutch cap should be. They all somewhat stretch the vagina, as is seen by the breadth of the canal by the finger.

every manufacturer in the world and are almost universal in the innumerable proprietary brands of this type of cap, the original make of which is that specially designed by me and made for and used at C.B.C. Clinics under the name "Racial" Occlusive Cap.

The position in which the cap rests when properly placed is seen in Fig. 9, p. 66. To get it into that position the woman can place it herself quite easily, but it is advisable that she should be shown exactly the little knacks involved in its proper use. Assuming that the woman is normal internally, and that the size has been correctly selected for her, and the cap is in place, as you will see from Fig. 9 it lies with its inverted top over the end of the cervical region quite loosely, leaving plenty of space for the secretions which generally exude during union. They accumulate there and remain there quite safely until the next morning when the cap is taken out. It should be noticed that this cap does not have a side loop or tab or pulley which is found in nearly all the commercial varieties. Such a tab has to be fastened into the rim, which is rolled round on to itself on to the dome-shaped, softer part of the cap, and therefore the rim where the tab lies is not so firmly attached and tends to split there. Also the tab and cord are difficult to keep clean. An even more serious disadvantage of the tab is that the woman tends to pull on to it and the suction of the cap holds it firmly, so she may tend to pull down the cervical region. If the cap has no tab she must get it off in the proper way, which is by inserting her centre finger and giving it a little twitch when it comes off quite easily and is pulled out by the

rim between her fingers. Some doctors advise the use of the tab for the first few weeks until the woman has become accustomed to the cap, because those who are ignorant of their internal configuration are afraid that the cap "will get lost in their insides." Of course this cannot happen as will be seen clearly from Fig. 9. It is much better to get accustomed from the beginning to use the "Racial" cap without a tab.

The Placing of the Cap

The placing of the cap is very simple. For ease of insertion the cap should be just moistened with ordinary soapy water. On the other hand, post-war rubber not being so reliable as rubber was before the war, and so many women having rather acid secretions in the vagina which tends to deteriorate the rubber, we find the caps last better if the dome (*not* the rim) is smeared within and without with Clinocap Lactic Jelly. This facilitates entry and when the jelly is used moistening with water is not necessary. The woman should then sit on her heels, the knees well bent, leaning slightly forward, with legs firmly apart. The cap should be pinched between her thumb and forefinger so that the two sides of the rim touch each other, the dome of the cap downwards, and it should then be slid into the opening of the vagina with a curving motion, following it up with the first or second finger. When it reaches the end of the canal seen in Figs. 7 and 9 it will then open out itself and find almost exactly the right position for itself. The rim then just wants pressing round with the centre finger to make sure that it is firmly in place. With the

expansion of the dome a slight suction is created, and also the flexible but firm rim fits round the fornices and round the outside of the base of the cervical canal; it does not fit on to the cervical canal itself as is often erroneously stated by those who have, for some reason or other, the desire to discredit this method, though it is by far the most scientific method of contraceptive procedure. This type of cap is much easier for the woman to place herself than is the "Dutch" cap, but it is a little more difficult for the doctor or nurse who has to fit and instruct her. They require a special training for its successful use, so that at Clinics where the doctors have not had a full C.B.C. training the other type, the "Dutch" or diaphragm type of cap, is often preferred, or used even for cases where the high-domed occlusive cap would be more suitable. This cap once it is properly inserted does not slip or need refitting as the result of ordinary movements, but if the woman is nervous she can at the last few moments insert her centre finger and assure herself that it is properly in place. It must be removed the morning following coitus and *never left in place* more than twenty-four hours.

Sizes of Caps

The "Racial" occlusive cap is made in four sizes, 0, 1, 2 and 3. The size must be determined by an expert because the internal standard of size and internal configuration does not always follow the external features and the woman may be large internally without knowing it. On the whole, size 0 is used by young and slight women who have had no children, sizes 1 and 2 by ordinary women who

have had a few children, and size 3 by large women who have had a good many children. Most Jewish mothers require a specially made larger size. The "Racial" is in this respect easier to fit and manage than the Dutch diaphragm, which has a dozen or more sizes from among which the right one has to be chosen carefully.

The "Racial" has another important scientific advantage over the diaphragm, that it does not stretch or exert any pressure on any internal part and therefore does not itself tend to alter the internal size of the woman who uses it, as does the Dutch diaphragm.

Regular Use of the Cap

Probably the best time to fit on the cap will vary according to the woman's mode of life and personal convenience. A very poor woman sharing only one or two rooms with her husband and little children, where there is very little convenience, may fit it at any moment in the evening when she is in the lavatory. That, alas for our social conditions! is the only place where many a working-class woman can be for a moment alone.

More comfortably circumstanced women can fit the cap before their husband's return from work; a richer woman when dressing for dinner in the evening. I mention these points because it is a matter of considerable scientific importance in connection with this method, that it can be "fitted and forgotten" so that the emotions of coitus are not interfered with. The psychological reactions of union are very important and have results on the health and spirits, and affect all the physiological reactions

of union. So that the obtrusiveness or otherwise of a birth control method is an item of major importance. By thus fitting the cap long before the act of union takes place there is no interference with the feelings at the critical time and it is completely unobtrusive. It is advisable also that the preparation should be made not as a definite expectation for any particular union, but as a routine matter so that it does not interfere by a sense of anticipation with the love-play. At the same time it is very important that it should not be left in continually. It should be placed in position latish in the day and taken out next morning. Thus for a good many hours in the twenty-four it should be cleansed and out of use, and the cervical region left open and uncovered.

Varieties of the Occlusive Cap

Caps of this simple, occlusive type have become increasingly popular since a good many years ago when advocating their use I improved their general structure by introducing the high dome and stressing the importance of the solid rubber rim and smooth finish throughout. An amazing number of commercial names have been applied to caps of this type and my name has been bandied about in commercial catalogues in a most unwarrantable way.

Unfortunately many people who rightly and properly feel that nothing can be too good for so important a matter as the control of conception, are misled by commercial instincts into thinking that by paying a high price for the cap they use they must be getting a better article than if they purchased an inexpensive one of simple design. The simplest cap of specially proofed solid rubber,

smooth, and with no tab, is scientifically the best, and it is inexpensive, costing at our Clinic and at reputable chemists only 4s. But many women who are advised to use this go to commercial concerns and are there persuaded and misled into purchasing a special "spring rim" or "air-filled rim" at a much higher price, both of which are definitely inferior, the metal spring rim being a disadvantage, the air-filled rim often collapsing and causing failure and undesired pregnancy.

Sometimes at public meetings, in the country, while I have been answering questions, I have been told by poor women that they have been themselves lured into paying as much as a guinea or twenty-five shillings (some even have paid more) for caps which have been urged upon them as being "much better" than the simple "Racial." Insult being added to injury by the fact that they have been told that it was *my* recommendation!

I will have more to say of the general costs of birth control methods in Chapter VIII, p. 110.

Care of the Cap

Remember it is most important to obey the instruction that the cap should be removed some time during the morning following use. The exact time depends on the circumstances of each woman. A very poor woman whose husband goes out to work early, and whose children have to be sent off to school, will probably have to leave it till after the children are gone, and until she has a few moments to herself. A well-to-do woman can remove it at the time she is having her morning bath before she dresses. Whenever it is done it must be remembered

that it must be done before midday. If the woman has used a greasy suppository with the cap (*see* p. 62) she will not need to douche at the time of removing the cap. If for any reason she has not used a greasy suppository then before and after removing the cap she should douche, but this is a bad mistake to make (*see* p. 97 *et seq.*).

Once the cap has been taken out it should be washed in warm soapy water. Some people then hang it up to dry and powder it. The care of rubber in a scientific laboratory, however, should be recalled: there rubber tubing, etc., is always kept under water, for though it makes the rubber look dull and slightly discoloured, nevertheless it keeps much better, and remains much more pliable and lasts longer if stored in that way. So I should advise a small jam-jar or covered porcelain pot with a little dilute disinfectant, such as boracic-acid solution, or water with a drop of Milton added to it. In this jar the cap can be placed when not in use.

If a woman can afford it, it is just as well to have two caps in alternate use, but this is by no means essential.

How long will the Cap last?

The length of life of the best "Racial" cap depends on three factors: the care with which it is washed, cleaned and used; the nature of the secretions of the woman; and the amount and frequency of its use with greasy suppositories. Curiously enough the secretions of the vagina of some women have a very strong effect on rubber, generating a sort of triangular compound, the full scientific formula of which is not yet known but on which a good deal of

evidence is now accumulating. This compound arises between the molecules in the female secretion, the grease and the rubber, so that the rubber may deteriorate very rapidly where a strong secretion is exuded in the vagina.

In the Museum of the C.B.C. Society at 106-8 Whitfield Street, W.1, we have side by side two caps of identical origin, made of red rubber. One is all crinkled and bubbled up, so out of shape that it is hardly recognizable as a cap at all; the other looks almost new. The first was used only for a few weeks by a woman who had an exceptionally strong and deleterious internal secretion. The other was used by a woman for *six years* and was still at the end of it as good as new. She could have gone on using it for a long time to come but we asked her to give it to us as a Museum specimen, to place beside the other cap to show the contrast in durability of the same make of cap used in the same way with the same greasy suppositories by women whose internal secretions differed. One lasted only three weeks, the other six years. Each woman must therefore judge for herself and keep a watch on her cap in use. If she finds the rubber of the cap bubbling, crinkling or beginning to go out of shape, then she must replace the cap at frequent intervals or, better still, get *cured* of the discharge. In the ordinary way we advise that the "Racial" cap should be replaced every year or eighteen months, but if at the end of that time it is perfectly good, even when looked at with a magnifying glass, there is no reason why it should not be used longer, like the cap the woman used successfully for six years.

The Dutch Cap or Diaphragm

The natural shape and size of the internal parts vary very greatly in women, and some perfectly healthy women cannot use the "Racial" occlusive cap, and yet can use the "Dutch" or Diaphragm type. Some women have suffered various injuries, tears, over-stretching, etc., due to childbirth, and so cannot use the "Racial."

For a considerable proportion of modern women the Dutch cap or Diaphragm (*see* Fig. 11) may prove to be the best adapted, and therefore the most scientific method which they can use. These caps must lie in a different position from that adopted by the occlusive cap. They must be placed sloping across the vaginal canal, the circular metal spring which they contain springs back into shape after insertion so as somewhat to stretch the vaginal wall and to rest on the ledge of the front pubic bone. The position in which a Dutch cap should lie when properly inserted is seen in the diagram, Figure 12, p. 69. The diaphragm covers a good deal of the vaginal canal and therefore interferes with the completest contact a little more than does the smaller occlusive cap, but it allows a considerable amount of contact, and where for any vital reason pregnancy is not advisable the amount of interference with normal contact which it involves is a drawback comparatively trifling in comparison with the advantages of the security it gives to one to whom the occlusive cap is debarred by her configuration.

Dutch diaphragms are simple, curved lens-shaped caps of thin rubber, the metal spring rim being built into the inner side of the cap so that the outer

concave side is smooth (*see* Fig. 11). The majority of Dutch caps contain a watch spring coiled round twice inside the rim. In commercial caps the ends of the watch spring being wired together with ordinary wire caused one of my objections to this method in the past. The rough ends of this wire sometimes work through the rubber, after it has deteriorated with the secretions as described on p. 77. This serious disadvantage is overcome in the "Clinocap" type of Dutch cap which is specially bound with flat metal plates on both sides to hold the spring more firmly and leave no rough end to work through. The "Clinocap" has also a much more resilient spring, promptly returning to a perfect circle after being pinched together for insertion. Other Dutch caps made in England, in the last year or two since import duties and other considerations have made it difficult to obtain perfect watch springs, are often defective in this important point. Such diaphragms have quickly become useless because the spring has not strength enough to spring back into the circular position after being pressed together in order to insert it. If the Dutch cap after insertion, instead of springing out to a perfect circle remains flattened, then it leaves a gap along the vaginal wall through which of course the spermatozoa can easily penetrate where they are not intended to go. In spite of being much better quality and make, the "Clinocaps" are less, instead of more, expensive, and can be obtained from 108 Whitfield Street at 5s., instead of the 7s. 6d. or 12s. 6d. (and more) generally charged for Dutch caps. For these and other reasons they are now always used at our own Clinic and are generally to be advised in preference to any other make.

A great many women use a Dutch diaphragm cap and find it satisfactory. There are one or two scientific objections to its use, and I warn women against Clinics where the Dutch cap is the only method used for normal women, and advise them to make sure that the Dutch cap is inserted only where the small soft occlusive *cannot* be worn. There are many reasons for this, among which are the following:—

(*a*) Though the rim should be quite unobtrusive, it can be felt by some men and is then objected to. It can be felt by some women as a taut intrusion and then definitely reduces their capacity to complete the orgasm, though many women do not suffer from this inconvenience.

(*b*) The Dutch diaphragm can only stay in position by slightly stretching the vaginal wall, and such soft muscular tissues as compose the vaginal wall tend to lose their vigour in any case as the woman grows older.

Dr. Konikow studied a large number of women in an American Clinic and found that after continued use for years of the Dutch cap women had to be fitted with larger and larger sizes, showing that the stretching had some permanent effect upon the vaginal wall.

(*c*) There is always some slight risk of the metal spring snapping, and the all-rubber cap therefore is definitely better from this point of view as well as others. Dutch diaphragms, however, cannot be made with all-rubber rims, and the metal spring is a necessity in its construction.

Sizes of Diaphragms

Nature does not lend the Dutch cap so much assistance in keeping its place as she does the occlusive

cap, therefore it must be carefully fitted and an expert must decide on the size required. The range of sizes is greater, namely twelve sizes, measuring from 62½ mm. to 90 mm. in diameter. Extra out-sizes or smaller ones are sometimes needed and have to be specially made.

The extreme sizes are seldom used, and there has been a good deal of discussion in the medical papers since Clinics came into existence about the best size. The range of size is great, but at our C.B.C. Clinics the Clinocap diaphragms most often needed are 70½ mm. and 75 mm. in diameter.

Lubricating the Cap

To make the Dutch cap slip easily into position some use an ointment and some a jelly, many commercial varieties of which are on the market. Some merely dip the cap into soapy warm water which is all that is really necessary. On the other hand, the same conditions apply to these caps as to the "Racial" caps, and we advise, both to preserve the rubber and to facilitate entry, that the cap should be smeared, within and without, with Clinocap Lactic Jelly. Many of the Clinics, much to my regret, advise with the Dutch cap the regular use of a soapy or other douche after removal. I have more to say about douches on another page (*see* p. 97).

Insertion

The notes about the times when caps should be inserted apply also to the Dutch diaphragm caps (*see* p. 73). The method of insertion involves pinching the rim together, sliding it up towards the back until it opens out and is fitted on to the bony ledge. The

woman should squat on her heels leaning slightly forward, and should be taught exactly how to use it as well as given the right size to use.

As with the occlusive cap a second protection in the form of a greasy suppository is generally essential. Grease tends to deteriorate all ordinary rubber and injures the rubber of which the Dutch caps have to be made rather more than it does the specially proofed red rubber of the "Racial" occlusive caps. Consequently some Clinics have been advising women not to use any grease but to insert small non-greasy pellets in their place (*see also* p. 132), but these have not proved satisfactory. As no other method gives such secure protection as do vaginal caps and greasy suppositories together, the use of the Dutch cap with a non-greasy suppository, or followed by douching instead of the contemporaneous greasy suppository, tends to increase the risk of failure.

With either type of cap it is most important that any woman using them who discards their use because she *wants* a child, and then after the child is born desires to take up the use of the cap, should come to a Clinic or expert for refitting after childbirth. It is very possible she will require a different size of Dutch cap or a different method, for the birth may have stretched and somewhat altered the position of the internal parts.

Suppositories

The "cap and chemical" method involves the use of some soluble suppository in addition to one or other type of cap. The chemical is introduced to incapacitate any stray spermatozoa which may linger

in the ridges of the vaginal wall and thus swim up the critical entrance of the canal after the cap has been removed, or even during union if the cap is not correctly adjusted or absolutely firmly fitting. The original idea of the chemical was therefore a sperm-killer, and in the old days attention was concentrated on the chemical. A strong spermatocide was generally hastily considered to be better than one which was blander and less active in killing the sperms in so many seconds in a glass test tube. Deeper scientific investigation, however, shows that the suppository may have two ways of dealing with the sperms: one, through the chemical it contains; two, through the physical effect of the medium of the substance forming the bulk of the suppository. As I suggested long ago, the *grease* of which the suppository is made has a value in addition to any chemical which may be added to it, by clogging the spermatozoa and thus putting them out of action. The grease-film which spreads rapidly over the corrugated wall of the vagina and over the cervical region forms the safest protection a woman can adopt. Suppositories are made with greasy and with non-greasy substances. Given the same amount and kind of chemical in a greasy suppository and one without grease, the former is very much safer than the latter. Although as grease does tend to injure rubber, there has been a big market for commercial suppositories and pessaries which are made without grease, and they will be dealt with more fully in the following pages. Evidence accruing from large numbers of users most clearly shows that the greasy suppository is a much more effective safeguard than any other. Indeed grease is essential for 100 per cent.

security. It must be composed, however, of a *low-melting-point* grease.

In some form or another a greasy or clogging substance has been known as a contraceptive for an immense amount of time, a clogging substance having been introduced into the vagina for the purpose of birth control by the ancient Egyptians thousands of years ago (see *Contraception*). In the 'eighties in this country a contraceptive which ever since has been a popular one was a quinine greasy suppository commonly called "The Wife's Friend", made of cocoa-butter impregnated with quinine compounds in small quantities. In the form in which they existed when I first took up my work these suppositories, though having proved useful to numbers of women, had three very great drawbacks: (1) They smelt abominably of cocoa-butter which is a revolting smell to some people; (2) they melted at too high a temperature and therefore did not always form a grease-film quickly enough to serve the purpose for which they were designed; and (3) the quinine which they contained was slightly injurious to about five per cent. of the users. A greasy suppository without these drawbacks was wanted. All these difficulties have been overcome by the various tests and observations we have made at the scientific Clinic and now the "Racial" greasy suppository solely used for a long time past at our Clinics has no smell whatever; it has such a low melting-point that it rapidly forms a grease-film which spreads over all the corrugations of the vaginal wall, and contains no quinine but a much blander substance in its place which causes injury to no one.

Advice based on the most scientific understanding

of the problems involved physiologically, psychologically and chemically all taken into consideration simultaneously, as they must be when science is applied to practical human purposes, is that now generally given at the C.B.C. Clinics—where the internal condition of the woman shows that it is suitable and adapted to her needs, namely to insert either the "Racial" occlusive or Clinocap diaphragm some time before retiring; to have either a box or single greasy "Racial" suppository under the pillow and just about three minutes before actual coitus is expected, to push that as high up the vagina as the presence of the cap permits; to do nothing further until the cap is removed the following morning without douching.

To be successful the greasy suppository must be made of a grease of a quality which will form a very rapidly spreading film which will melt at a temperature slightly below the ordinary blood-heat registered by a thermometer under the tongue. One has found that in some frigid types of women the temperature is slightly lower in the vaginal region than in an ardent woman, yet she may be just as liable to become pregnant as her more ardent sister, requiring as rapidly spreading a grease-film. "Racial" suppositories, therefore, are made of very low-melting-point grease. Now it will be realized that low-melting-point greasy suppositories create a problem on very hot days in summer even in this country, where perhaps they may be kept in a closed cupboard by a window or in an attic room where the thermometer may rise to over ninety degrees. It is advisable to lay in a stock of greasy suppositories in the spring before the summer heat begins, for going

by post, if the mail bags are left open on the sunny platforms (as they often are), the whole contents may be melted and the boxes arrive empty. Kept in a cool north larder or refrigerator they will keep for months, so that a three months' supply should be laid in and stored in the cool, where possible, in the spring. Of course, for women using greasy suppositories in tropical or semi-tropical countries, or in countries where their postal packets have to cross the equator, the problem is even more acute. Boxes of solubles arriving by post may be found melted and run out of the cases. To overcome this difficulty a way has recently been devised of enclosing each low-melting-point greasy suppository with a special coating of gelatine which withstands ordinary heat without losing shape. Each is separately sealed in such a manner that the suppository may even melt to a liquid within the case and yet not leak. When one is wanted for use all that is required to make them melt is that they shall be dipped in water just before insertion. The gelatine then dissolves in three or four minutes and allows the greasy suppository to spread in the vagina in the ordinary way. These, to distinguish them from the ordinary uncoated greasy suppositories, are called "Clinocap Tropical" solubles. They are new, and are the result of more than three years' careful investigation by a scientific mind. They meet the real needs of women living in hot climates. Unfortunately they cannot be made by machinery and require individual hand-work, so adequate supplies are very difficult to secure.

Commercial greasy suppositories are sometimes advertised as being made with a specially high-melting-point grease to make them suitable for

transport to the tropical regions. But the commercial vendors, not being scientists, do not realize that the internal body temperature of a woman in the tropics is no different from what it would be if she were living in England. Though the higher melting-point grease preserves the shape of the suppositories on the journey and thus makes them marketable, its use is a distinctly unscientific way of dealing with the problem. Such suppositories may retain their shape also when placed internally where they ought to melt, and are therefore neither satisfactory nor safe.

The Action of Grease

The grease-film of the low-melting-point greasy suppository formed of a suitable fat spreads over the vaginal corrugations, and even if it contains no chemical whatever yet it acts as a protection because it *clogs* the movements of the spermatozoa and prevents them penetrating the cervical canal. It acts, in fact, just as treacle or honey act on an ordinary house-fly, not killing it but clogging its wings and legs so it cannot fly about in its usual manner. The grease-film clogs the cilium or tail of the sperm so it cannot move towards its allotted haven, and is instead caught in the vaginal region and prevented from entering the cervical canal.

The grease of the greasy suppository thus doubly safeguards the ovum against the wandering spermatozoa. Though, as Voge pointed out, some chemicals may not be so effectively distributed in a greasy suppository as in an aqueous solution, nevertheless the hindrance to the spermatozoa of the grease itself far outweighs this. I may add that I am even prepared to advise pure grease with no chemical at all

as being more effective and a better contraceptive than the strongest spermicidal chemical in a suppository which contains no grease.

The Sponge and Oil

Some women are so constructed that they cannot wear any form of cap, and at a Clinic where there is a properly trained staff they would be told not to use a cap at all. What they would be given would depend on individual circumstances, but in a good many instances there are indications that a grease-film and a barrier of some sort are advisable. Based on sound scientific data there is a very simple technical method of covering the cervical region, not with a cap but with a sponge of rubber soaked in oil.

An ordinary rubber bath-sponge cut into shape will do (*see* p. 45). Soaking this in olive oil provides the grease-film. This alone without a suppository forms a safe protection. Some women add a suppository as well, treating the sponge soaked in oil as though it were a cap and inserting the greasy suppository during the last few moments before coitus. This is generally too greasy, however, and is seldom necessary.

Small sponges had, of course, been widely advised and used over a hundred years ago, and probably longer even than that. In this country the contraceptive sponge is particularly associated with Francis Place, the pioneer of birth control for the working-classes, who advised the use of an ordinary small sponge pushed up the vaginal walls so long ago as 1820. The small round sponges like his are still sold as "sanitary sponges" and are not reliable. They came into disrepute because their small size and round

shape caused them to be pushed up into the posterior fornix (*see* p. 66, Fig. 9, *i*), leaving the danger-spot, the os in the cervix at the end of the vaginal canal, exposed. The thin, flat, circular rubber sponge which I introduced, when soaked in olive oil and squeezed together, is pushed up to the end of the vaginal canal, the woman taking just the same position as when inserting a cap, and pushing the sponge high up with her centre finger till it covers the whole cervical region. The more it is pushed the more completely it covers the cervix instead of being thrust to one side as the small, round sponge used to be. This has proved satisfactory in thousands of cases. The chief difficulty, however, is that the ordinary rubber sponge is affected by oil or grease and smells, so that it soon deteriorates and breaks up into small pieces and has to be replaced.

Before the war, we had very good specially proofed sponge at the Clinic made to resist grease considerably longer than an ordinary sponge does, but even the best that can be obtained now does not last long without swelling. When the special sponge swells after boiling it can be snipped back to the right size with an ordinary pair of scissors when it is damp. Indeed for temporary use or in an emergency, a woman can very well clip down an ordinary sponge for herself as described on p. 45.

Many women find it easier to use the sponge if it is enclosed in such a net of thread as that in which the ordinary "sanitary sponge" has long been sold. The sponge is definitely easier to remove when it is enclosed in the net and it is also easier to dry after cleansing.

The sponge soaked in olive oil forms a grease-

film rapidly in the vagina and no other form of grease is necessary. The sponge and oil does not require such exactness and precision in placing as does a cap, and consequently women who are careless, or a little nervous about using a cap, find the sponge easier. Others do not like it because they feel it to be rather more clumsy and a little messy. Yet the sponge and oil is very nearly that "foolproof" method which is demanded by so many people, and it is also a very cheap method, a great advantage to some people. Its use is based on the same scientific principles as the "cap and chemical" method and the sponge itself acts as a kind of cap covering over the cervix, the oil acting as does the greasy suppository.

Cleansing the Sponge

After its removal the morning following use, the sponge should be washed with ordinary soap and water in a hand basin, then placed in hot water and boiled for a couple of minutes. The easiest thing for a woman to do is to have an egg saucepan kept only for this purpose into which she can put boiling water and a little salt. After boiling, it may be picked out by the end of the sponge net and hung up to dry. Though the sponge is less trouble actually to use and to place in position than a cap, yet it requires a little more after-care. The mesh of the sponge may hold spermatozoa and it is more difficult to cleanse than the cap, so the boiling after every use is essential if it is to be kept perfectly wholesome as it should be if used for this purpose.

Of course the ordinary sea sponge can be used equally well if it is fine enough in texture, and if

the user makes sure it has no large holes as so often occur in natural sponges. Substitutes for sponges by women in really remote places or in times of emergency may be required, and for women in India, or most Oriental countries, the cotton waste from home spinning is available and can be made into a simple pad with a few containing threads, and so used in place of a sponge and soaked in oil.

The sponge method is of great service to many women living in far-away districts or on some remote ranch or station far from a medical or clinical service, because an intelligent woman can use it without being previously examined at a Clinic by an expert so long as her womb is in the proper place. A woman with a bad prolapsed womb, however, cannot use even this method successfully as a contraceptive.

The "sponge and oil" method is the safest of all, and is the only good method an isolated woman can use regularly without being fitted by an expert. Hence it is of particular value to women in isolated districts who cannot get experts to fit them.

Chapter V

MALE METHODS

THERE should not be very much to say about male methods, for the possible methods are few in number, unscientific, unreliable and all in some way or other unsatisfactory. We will only consider three:—

(1) Enclosing the male organ with a cover of some sort, in modern days almost universally made of thin rubber, called a *condom*, sheath, or, popularly, a "French letter."

(2) The so-called "natural" method of *coitus reservatus* or withholding the ejaculation after the preliminary love-play has taken place and entry has been made. This is allowed by the Church of Rome but it is a very extraordinary thing that it should be allowed when—

(3) *Coitus interruptus*, popularly called withdrawal, the same thing only permitting the ejaculation externally after the internal love-play has taken place, is treated as a "mortal sin" by the Roman Catholics.

Both methods 2 and 3 are harmful to the nerves, as well as unsafe, and yet they have been used for centuries and are still used. They are one of the chief reasons why in the old "hush, hush" days people shook their grave heads and said mysteriously, "All birth control methods are harmful." Then I came along and demanded *which* methods? Now we hear less about these bad old methods since their dangers have been exposed. Some people risk with apparent

impunity their evil results, others who suffer all kinds of nervous reactions and ills as a consequence do not connect these troubles with the birth control methods they are using. I have dealt with these two bad methods fully in my book *Roman Catholic Methods of Birth Control*, to which people who are interested in this subject should refer. I must here say only that I strongly advise against their use in any circumstances save temporary need, and that then they are very likely to fail.

The Condom

This method has a definite place in the science of contraception, but not for long-continued use, only for temporary use and for special occasions. It is advisable for instance for a bridegroom who has long been abstinent, who is very strongly stirred by his impending marriage, to use a condom in the early days of marriage for two reasons: (1) That it is very likely that he will ejaculate so rapidly as to cause some offence to his bride who, if she be quite an innocent and inexperienced young girl, would be shocked and somewhat upset by an immediate ejaculation. I have known of a good many marriages altogether spoilt by such an event occurring on the bridal night.

(2) The other reason why they should be used at the commencement of marriage is that the average bride cannot herself use any method successfully until she has been made a wife and the internal parts stretched and accustomed to union. Therefore if it is important that they should not have a child in the very early days of marriage it devolves upon the husband to protect his bride. For this purpose there

is only one satisfactory method and that is the condom or sheath.

The condom is of no use whatever to a couple when the husband drinks so heavily as to be irresponsible at the critical times.

Condoms, however, are not nearly so safe nor so satisfactory as they are often described as being, even by some medical men. Minute flaws in the rubber or the bursting of the sheath are sources of failure which have largely been overcome by recent improvements in the manufacture of rubber, so that now if a good condom is used there is little fear of rupture.

As a condom is dry it should be lightly coated with a non-greasy jelly to make it resemble the natural surface it covers. For this purpose I advise Clinocap Lactic Jelly which is specially made to preserve rubber and facilitate entry. The condom should only be smeared on the outside with the jelly and should **not** be tested before it is used. Smear the jelly very lightly, taking great care that there is no speck of grit or anything which might scratch the condom. As a secondary precaution the woman should insert a "Racial" greasy soluble just before coitus takes place.

The successful use of condoms involves much more manipulation than does a vaginal cap, and some of it is most unpleasant for the woman as well as for the man.

Another precaution which should be emphasized is one rendered necessary by the fact that after ejaculation when the condom has been taken off, sometimes the man will think that it is safe for him again to allow his male organ to come in contact with

his wife because the ejaculate has been already removed, and he forgets that on the skin of the glans penis minute drops of moisture may still contain spermatozoa.

Condoms should not be used regularly for long-continued periods. For example, if a method of birth control is required for several years, one used by the wife and not the husband should be adopted. An immense number of people are definitely liable to suffer injury from the deprivation of normal contact in coitus.

One of the popular fallacies in connection with birth control is held by a good many working-class men, who think that condoms induce tuberculosis. This is, of course, quite an erroneous assumption, but I have sympathy with those holding it, for it is an expression of a sound instinct on their part. They are quite right to consider the regular use of condoms bad and debilitating both to the male and the female. They prevent that contact between the sensitive tissues of the two in coitus which is most valuable. The longer the condom is used the more serious does this deprivation become, especially for the woman.

Preposterous prices are sometimes charged for condoms. Condoms need not be expensive to be good. The public is rightly impressed with the importance of any birth control method, yet wrongly hypnotized by the idea that the method is good in proportion to its expense, so they will not purchase inexpensive condoms. A curious instance of this was told me by a medical retailer of hospital stores who was much interested in the philanthropic side of the birth control movement. He placed in his catalogue

an extremely cheap and very good make of condom, costing only a few pence each. Months went by and he got scarcely an order for them. The stock was deteriorating and he wanted to get rid of them and he then placed them in his catalogue at 2s. each—when they all sold out in two weeks with many repeat orders praising their quality! He was made to feel that it is impossible to help people whose sole standard of quality is that of price.

On the other hand I have had evidence from well-to-do people who paid exorbitant prices, as much even as 12s. 6d. each, for the "very best condom", yet eleven out of twelve broke in use.

The C.B.C. Society's Committee carefully considered the whole subject of condoms, collected data and made long tests, and decided to supply reliable ones cheaply, with full instructions. They should be purchased direct from C.B.C. Clinics. Do *not* frequent the "Leicester Square" type of rubber shop where very often they are used as touting material for unpleasant, even obscene articles, harmful drugs and iniquitously overpriced goods.

"Washable sheaths" are supplied by commercial concerns. They are entirely to be condemned. No condom should ever be used more than once, and should be thin of texture.

The other two male methods are paid for, of course, not in coin but in nervous injury.

Chapter VI

BAD METHODS, e.g. DOUCHING

DOUCHING has been so long in use for various and sometimes conflicting reasons that a whole chapter on the subject is wanted. First, the old-fashioned idea that the douche in itself was a contraceptive measure and a safe means of birth control, was I hope, exploded in 1918 by my book *Wise Parenthood*. Though it was then being recommended by distinguished people as a contraceptive measure, careful thought will show that it never could have been truly satisfactory. The douche has to be used *after* the act of coitus, after the spermatozoa have been deposited in the vagina, perhaps even in the neck of the cervix. However rapidly the douche may then be given it involves a race between the liquid of the douche and the spermatozoa, and the douche cannot enter the cervical canal but the spermatozoa can. Douching did sometimes prove effective, however, though it was very unreliable. When it succeeded it was through causing contractions, and thus the expulsion of the spermatozoa, but unless the douche acted immediately it could not overtake the spermatozoa, and this is one reason why douches so often fail when used alone as a method of birth control. Another serious drawback is that it interferes with the proper completion of the act of union and the essential *rest* and peace directly after it, the importance of which had been far too little understood till I dealt with it fully in my book *Enduring*

Passion. The advice therein I hope will be followed by those who wish to make their marriages lastingly successful. If the advice in that book is really understood, then the douche immediately after coitus will not be thought of.

The douche next morning, still sometimes used by women under the foolish impression that they can thus overtake the spermatozoa, is of course even more likely to fail when used alone as a birth control method than when used together with something else. It must be realized quite clearly that the douche is only a *supplementary* procedure.

In some Clinics (*not* C.B.C.), following what we call the "Walworth technique", Dutch caps are generally advised and fitted and the women told to douche the following morning when taking the cap out. Sometimes they are advised to douche both before and after removing the cap. I think regular douching like this a grievous mistake, based on a failure to appreciate very important scientific facts about the reactions in the vagina of normal women. This subject should be more generally understood, so that I will here explain that in the ordinary untampered-with vagina there lives what is called a flora, a mixed collection of minute living organisms. These appear to have a definite value and a function to perform. It has been found that by douching regularly and frequently they are destroyed and when they are absent the work they do is interfered with and the woman is less healthy than if they were present. This is so at a particularly critical time of a woman's life, directly after childbirth, when they appear to act as a protection, for women who have destroyed the vaginal flora are more apt to get

infective fevers and septic conditions than those who have not interfered with themselves by regular douching. Occasional douching, or douching with special medicated douches for short curative treatments, may be ordered sometimes (as for instance where there is an offensive discharge a chemical douche may be ordered by a doctor for a few weeks); such limited douching is different, though I do not advise even that. Regular and frequent douching is positively harmful. I am sorry that there are still those who encourage women to follow this bad habit. A few years ago there was what might almost be described as a commercial ramp to encourage women, even young girls, to douche daily. It was an absolutely pernicious suggestion, and I certainly hope that it is not being remembered and followed by young people to-day.

Occasionally you may feel you require a douche. Use then for the purpose of the douche only such solutions as you would risk using for a gargle.

When you douche do *not* use a "whirling spray", they are inadvisable, though expensive and much advertised and often pressed upon women. They are bad for a variety of reasons. A gentle flow of water should be aimed at and this is best obtained from a douche bag of rubber hung a few feet above the level of the woman who is douching. A nail on the wall just above the level of her head, for instance, or above the bath in which she can lie in order to douche. This yields a gentle flow of warm water without too much force. Remember that a forceful jet of water may do serious harm. The water for douching should be warm and not cold.

Douche only with something you would use as a

gargle. Remember the walls of the vagina are absorptive and very delicate and you must use nothing strong or dangerous however much it is diluted. Safe disinfectant douches can be made from Listerine, thymol, potassium permanganate, of the same strength as you would use for a gargle, or of common salt about a tablespoon to a pint of warm water; vinegar, acetic acid or lactic, about a teaspoon to a pint of water, or lemon juice in water. A weak solution of alum is an old-fashioned douche, but it should not be too strong as it is very astringent.

About soap: Soapy water for a douche is recommended at some institutions but never by me, for I would never recommend it except in an emergency for the reasons given on p. 50.

Remember that one of the risks of douching is the chance of taking a chill, not necessarily a cold in the head, that cannot escape notice, but an internal chill which leads not so much to pain as to local discharges, lassitude, indigestion and various other minor ills you may perhaps not connect with the douche at all, so the douche does not get the blame, as it should. If you feel you must douche in spite of my advice against it, be in a comfortably warmed bathroom, lying in a nice hot bath to keep the whole body well warmed, and keep the douche can above the bath, and the nozzle of the douche well up in the vagina. The woman reclining in the bath gets a good internal wash-out, at the same time as the warm bath. All attempts to douche without a bath are inconvenient and liable to lead to chills. At some institutions founded to help poor women, the advice is given to use a douche the morning after union, before and after taking out the cap. Those giving such advice

appear unaware how futile it is for women who have no privacy and no bathroom and perhaps cannot even lock themselves into a room alone for five minutes. Such women really cannot douche. Let a woman of imagination ask herself how a poor woman of the working-class, with no bathroom, with perhaps only two, perhaps only one room to act as living-room and bedroom for herself, her husband and children, can possibly manage a comfortable douche or even a douche at all. The truth is the majority of poor women getting such advice simply do not use it, and then having no secondary protection with the cap, take it out without either douching or using a suppository and thus those failures which have so tended to discredit the whole birth control movement arise. They are unnecessary failures due to inexpert technique and lack of imagination on the part of those giving advice. There is no need to douche at all if the grease-film from the medicated soluble pessary was there to protect the vaginal walls as described on p. 83. Any poor woman can insert a greasy pessary quite easily.

Remember, my advice is quite explicit: use a *grease* each time you have union and do *not* douche.

Chapter VII

DANGEROUS METHODS

THE word "dangerous" applied to a method of birth control has two meanings, either of which may be implied, sometimes by different people, sometimes by the same people at different times. One person means that the danger of the method is that it is apt to fail and not to be an effective protection, so that there is the danger of becoming pregnant when using it, though it will do no actual harm to the user in other respects. The other meaning is that the method may do very definite harm to the person using it, either a direct injury like a wound or scratch which may become septic, or some injury not so easily seen but quite as serious.

In this chapter I shall deal with four types of methods all of which I consider dangerous in the latter sense.

Glass, vulcanite or metal tubes pushed into the vagina through which jellies, oils, chemical compounds, foaming mixtures, powders, etc., are to be pressed, squirted or squeezed up into the region of the neck of the womb.

Commercial contraceptives involving the use of applicators of this kind exist in an immense number. Essentially they consist of a glass, metal or other hard tube, three or four inches long; the worst forms are straight, others are curved, most are intended to be attached to a collapsible tube of some sort containing the patent substance the woman has

to press or key through the tube. Some are attached to a squirt with a rubber bulb, some have a plunger which forces the chemical substances through the tube. They all have one common danger, and it is a very serious one: that the woman herself has to pass into her vaginal canal some hard, generally straight or very slightly curved tube, and then manipulate it. Those who sell this instrument to her have no means whatever of knowing whether she has a short or a long vagina, whether the womb is out of place so that its neck comes right in the way of the hard tube, and may be bruised or forced or even lacerated by the upward pressure. In my opinion, and it is supported by the Medical Research Committee of the C.B.C., any such application of a contraceptive substance is much to be deplored.

Unfortunately some new forms of this old device have been placed on the market with a blare of trumpets about all the "scientific research" involved in their manufacture. They are pushed by those who have had insufficient clinical experience to know of the harm they may do to the potential users. Thus, unfortunately, several such methods have gained some degree of medical support, principally among those members of the medical profession who themselves have had no adequate training in the science of contraception and find themselves circularized with imposing, well-got-up leaflets and pamphlets containing many references to "scientific investigation" involved in the manufacture of the named proprietary article. Many of these devices are essentially the same thing in varied forms, or replicas under other trade names of one injurious type of application. To mention them by name is to advertise

them and this I do not wish to do, but any intelligent woman may recognize them by the above description and will, I hope, take to heart my very earnest warning against them, one and all.

Metal Caps

There are metal or hard vulcanite caps fitting like thimbles over the cervix, the *Portio* type (*see* Fig. 9, *w*, p. 66). There is even greater variety of style, shape and size in these caps than in the rubber occlusive or diaphragm types. One and all, these small hard caps have such serious disadvantages that they must be classed as definitely dangerous. They are hardly ever used in England and are principally of continental origin and use. Now and then women have come to the clinic wearing such caps fitted on the Continent, and in some the condition of inflammation and discomfort caused by such caps has been so great that minor surgical operations were required to remove the caps. Some of these metal caps are made with little serrations at the edge which tend to irritate, and even to grow into the tissues.

Another serious disadvantage of these little closely fitting caps is that they dam back internal secretions which ought to come freely from the womb and escape.

I hope and believe there is no one in England who advocates or applies these metal caps.

Their range and variety can be seen in the collection of such articles in the Museum of the Mothers' Clinic at 106-8 Whitfield Street, W.1, which is open daily from 10 to 6, so that anyone interested may come and see them and study them for themselves.

What has given these small metal caps their

popularity on the Continent in districts where birth control is desired by women who are not mentally very self-reliant, and like to feel someone else is responsible, is the fact that the woman does not have to place this cap herself but goes to a doctor to have it fixed each month, when it is left in position undisturbed until the onset of the menstrual period is expected. Then she goes again to have it removed, returning five or six days later to have it refitted.

To be of any service it has to fit very tightly like a thimble on to the protruding end of the womb, pressed against the cervical canal or neck of the womb (*see* Fig. 9, p. 66). It has therefore exactly those important inherent physiological faults and dangers which in 1923 in the famous High Court case, when in the witness box against me, Professor Louise McIlroy wrongly alleged as being characteristic of the soft rubber occlusive cap. But these portio metal caps do dam back the secretions in the way she then erroneously described for the occlusive type, and the metal caps have always been recognized by me as being dangerous, and never advised. They would not have been mentioned at all in this book but for the fact that many of my readers live abroad and might be tempted by laziness to think it would be convenient to have a doctor in charge of their potential fertility, and simply go to a doctor regularly for the insertion of such a cap. These caps have also in this country been given publicity in a book about continental Clinics with a Preface by Mrs. Maude Royden Shaw, D.D., so it is necessary to stress the fact that continental practice can be greatly improved upon in this country.

Gold Springs

The gold spring or "butterfly" spring as it is sometimes called is primarily an American device, and has been used by distinguished physicians in New York with success. It does not tie the woman to regular bi-monthy visits to her medical attendant as does the metal cap, but it is a highly dangerous instrument unless the woman does keep in regular touch with the surgeon who inserted it or one equally experienced and trained, for it should be examined, taken out, cleaned and replaced at least every six months. The fact which has given it its popularity (for a certain popularity it undoubtedly has) is that it takes the responsibility and continued care over the use of a birth control appliance out of the woman's hands entirely and places it in that of her surgeon and adviser.

Fortunately it is very little used in England. Colossally exorbitant, fantastic prices are charged by commercial firms for this spring, and a considerable fee is charged by the surgeon who inserts it. Anything so profitable to the trade is sure to have some advocates. Though in a general way the device is dangerous, it is especially so to a woman who, once having been fitted, will not realize that she *must* see her surgeon at least every six months and must not, as some women do, go abroad to Africa or Australia for a year or more and forget it. Then disaster is likely to happen, including sepsis owing to the clotted and unwholesome state the spring may get into when neglected.

This method differs from the metal cap and any other method mentioned so far in this book in being

not completely external to the womb and lying in the vaginal canal, as all caps, suppositories and all things so far mentioned do, but lying partly within the cervical canal and partly within the womb itself.

To prevent people writing to me asking for addresses in England where they can get the spring fitted, I say specifically that I have never advised anyone to have the spring and never will. Anything which keeps the *os* open and goes inside the womb is dangerous.

The Gräfenburg Ring

The Gräfenburg ring differs from the above and all other methods so far mentioned. It lies entirely internally, in the womb itself. Much has been heard of this method in the last few years, as it was very much boomed and great claims made for it both by well-known medical men on the Continent and by medicos with extensive practices in this country. It attempts the same object as the gold spring, namely the control of pregnancy by a medical attendant and not by the woman herself, so that the woman can be fitted and forget her contraceptive and not have to take the care on each occasion which is involved in the use of scientific and safe methods of control. At various congresses and scientific meetings dealing with technical contraceptives much publicity has been given to the Gräfenburg ring, which was evolved and used by Dr. Gräfenburg of Germany. It is also known under the name of the silver ring. It can only be inserted by a surgeon who has been taught the technique by another expert surgeon. The silver ring is pinched together and placed in

the womb by a special introducer, where it expands and lies right across the womb, clinging to the wall of the womb. The placing of the ring causes considerable pain and a local or general anaesthetic has to be applied.

At first it was claimed that the use of the silver ring or Gräfenburg ring was perfectly safe and effective but as more and more cases came to light of definite injury sustained by users, of inflammation and even death, it has had to be ranked as the most dangerous of all contraceptive methods. Some facts and figures illustrating this will be found in *Contraception.*

The silver ring is also dangerous in another way; that is to say when, as she imagines, it is there to protect the woman from pregnancy, it may have dropped right out of her womb without her being the least aware that it has passed away from her, so without her knowledge she may be exposed to the risk of pregnancy. Also she may become pregnant even while it is in place, and then she has the added danger of spontaneous abortion, although a complete pregnancy and the birth of a child while the womb still contained the ineffective Gräfenburg ring has occurred.

I have heard a few women claim that they use and like the ring which so far they have found to be successful. But, as I heard the greatest continental gynaecologist say at a scientific congress, "No woman can be considered normally healthy the walls of whose womb are in a continued state of inflammation, and the only way this ring can act as a contraceptive is by so irritating and inflaming the walls of the uterus that they are in a permanent state

of hypertrophy," which prevents the ovum settling down in a conception.

Only unscrupulous practitioners would insert the Gräfenburg ring nowadays, and such will make a charge of anything from £2, 2s. to £25 for doing so, according to the social status of the patient and the dishonesty of the practitioner.

Cancer research has demonstrated more and more clearly that long-continued irritation is associated with the formation of cancerous growths, and the silver ring has not yet been in use long enough to show whether or not its permanent irritation of the uterine walls will lead to such a result.

Though solely in the charge of the medical profession, the Gräfenburg ring is the most dangerous of all methods of birth control and lends just that fraction of fact to the wild statements of fanatical opponents that birth control is dangerous and leads to cancer. We do not know for certain that the Gräfenburg ring does lead to cancer, but it seems a perfectly simple scientific deduction that it may. It has already led in many cases to serious inflammatory conditions.

All the methods mentioned in this chapter therefore are to be avoided by the intelligent young woman.

Chapter VIII

SOME TABLES OF COMPARATIVE COSTS OF CONTRACEPTIVE EQUIPMENT

THE shamefaced, semi-secret trade in contraceptives, caused by the unwholesome attitude towards sex current until very recently, created a base and profiteering commercialism which must have put millions of pounds into the pockets of its purely commercial, non-expert traders. The idea was naturally fostered by them that the "best contraceptives" were expensive things, and the supposed expense of contraceptive measures became a "class grievance." In 1921 I opened the first scientific Clinic in the world on this subject, and now at last I may perhaps say that I went to No. 10 Downing Street beforehand to talk about it and primarily to ask the then Prime Minister to patronize the movement. He was immensely courteous, friendly and helpful, but told me personally that before I could expect any political leader to associate with the movement I must show to the world at large that it had a respectable following. The Prime Minister said to me: "There has never been a big public meeting on this subject; call one, show the world there is a respectable public for this necessary consideration of population problems." So single-handed and without a committee I called the great meeting at the Queen's Hall at which the phrase "Constructive Birth Control" was coined. From that date onwards

there has been a strong and ever-widening expression of public interest. The ripples on the surface of life's consciousness initiated by that meeting have deepened and widened now to embrace almost the whole world and people are quite freely voicing their conscious demands that motherhood should be equipped by knowledge to do her best for her children. All classes of intelligent people have been reached and we now get enthusiasts who not only echo our demand for public Government Clinics but go further and claim free supplies of the necessary contraceptives because they are still under the impression that they are costly and beyond the reach of the poor. It will be of interest, therefore, to many and of real use perhaps to some, for me to tabulate some of the details of actual present-day costs of the articles recommended.

The Cheapest

(but quite good and effective and based on scientific principles) for the very poor or those desirous of cutting out "traders" altogether:—

Half a Woolworth 6d. rubber sponge. Cost 3d.
(Cut as advised in this book, pp. 45, 89.)

Cottonseed oil as used in fried-fish shops. Cost 1d., lasting about three unions. *Or* olive oil in 2d. or 6d. bottles.

(Cheaper if bought in larger quantities.)

Total initial cost of equipment, 4d. (fourpence).

Or

A pad, like the above, home-made, of cleansed animal wool, packets of which can be obtained from ordinary chemists. Soaked in any bland oil or melted Racial soluble, and used as described.

Total cost, approximately 1d. a time.

Or

Specially adapted for Indian and other Oriental women:—Cotton waste made into a flat pad the size of the palm of the hand, soaked in bland cooking oil (not mustard oil). Cost od.

Total cost of equipment, *nothing*.

SCIENTIFIC METHODS

C.B.C. Clinical Advice

(A) *Occlusive Method*

	Price
Most lasting and grease-resisting all-rubber occlusive "Racial" cap of red rubber. Lasting one to two years in normal circumstances.	At the C.B.C. Clinic, 4s., also from any branch of the good-class chemists, Messrs. Boots, etc.
Plus pure, odourless greasy "Racial" solubles.	Box of 12 at the Clinic, 1s. 6d., and Messrs Boots.

Total initial cost at Clinic, 5s. 6d.

Note.—It is established that the simple, all-rubber solid rim cap advised is the *best* occlusive type which could be prescribed even for a princess. All the higher-priced commercial occlusive caps with "air rims," "spring rims," etc., commercially sold, are merely a waste of money, and most of them are definitely inferior, some dangerously so as they soon deteriorate and fail to grip properly.

Postage should be enclosed by those sending for repeat orders, and with inquiries calling for reply.

(B) *Dutch Diaphragm Method*

	Price
Best watch-spring Dutch diaphragm cap, the "Clinocap"	At the C.B.C. Clinic, 5s., and from Messrs. Boots.
Plus pure, odourless, "Racial" greasy solubles.	Box of 12 at Clinic, 1s. 6d., Boots and at some other traders.

Total initial cost at Clinic, 6s. 6d.

NOTE.—Most commercial traders in "Dutch" caps put an absolute embargo on retailers selling their inferior diaphragms at less than 7s. 6d. each. Some traders get even 15s. or 25s. each for such caps, though they are inferior in make and quality to the above; the public is hypnotized by the price into thinking them better worth buying.

(C) *Sponge and Oil Method*

To the *very* poor the home-clipped sponge described on p. 89 is advised, but the special grease-resisting netted sponges are better; they cost as follows.—

	Price
Specially grease-resisting sponge.	At the C.B.C. Clinic, 2s. 6d.
Plus olive oil (salad oil) from grocers.	6d. or 1s. or larger bottles.

Initial cost of equipment from 3s.

Non-rubber Sponge

For use in tropical countries where rubber is unobtainable or will not keep satisfactorily, C.B.C. non-rubber sponges specially prepared are now available. They are very light and permanent and can be used exactly like the rubber sponge after being moistened in water. Then used as the above.

It should be known that at the C.B.C. Clinics the destitute are given any of the above types (A, B, C) of equipment they require absolutely *free*.

The above advice, as given at the C.B.C. Clinics by the most experienced doctors and specially trained midwives there, has often been twisted by tradesmen in their own interests and more expensive

articles foisted off on gullible women by urging that by paying more they get "a better article." This is *quite* untrue. Yet I have heard many times of poor women paying as much as the following for similar or inferior articles:—

Caps 7s. 6d. up to 25s. because of "spring rim", "air rim", or some other misleading contraption

Soluble suppositories up to 5s. 6d. a box of 12.

Not one of these charges should ever be paid.

For some articles, such as real leather shoes, for instance, a high price does "pay best" in the end. What I do want women to realize is that the inexpensive Racial methods are not "cheap varieties" of a good thing but are *the best in existence*. All vitally necessary things are cheap—bread, water, fresh air and sunshine are very cheap or even free to all—similarly the great necessity for human love and life, the power to *control* reproduction, is *not* a costly business as so many trade interests would like us to believe.

Costs at other Centres

Many Clinics under various managements have sprung up all over the country. Some are purely commercial concerns and anything from 10s. 6d. to £2, 2s. is charged for the initial equipment. In all charitable Clinics, however, the *very* poor are either presented *gratis* with the equipment or allowed to pay a reduced price. At the Clinics which are really social institutions opened by members of the C.B.C. and other sociological societies, all the prices are low though they vary somewhat.

The details given to me a couple of years ago from various charitable Clinics other than the C.B.C. Clinics, showed that *in general at such Clinics* the cost of the initial equipment varied from 6s. to 10s. 6d. They are more to-day.

Proprietary Articles

Contrast these low costs with those of many proprietary articles. To follow the routine advised by Mrs. Hornibrook in her book *Practical Birth Control* in her "Digest of Best Preventative Precautions" (p. 115) she recommends the proprietary:—

	Price
"Proseldis" suppositories	3s. 6d. a box of 12
"Proseldis" Birth Control Jelly to smear cap, at	3s. 6d. a tube
"Proseldis" Douching Pellets at . .	5s.
A Cap at	5s.
A Whirling-spray Douche	12s. 6d.
A Portable Bidet at	35s.

Total cost of initial equipment, £3, 4s. 6d.

I most sincerely pray that none of my readers are going to be misled by these prices into thinking there "must be something better about the goods because they cost more"—I can absolutely on oath assure them that there is not, that on the contrary the proprietary articles are merely imitative, the whirling-spray definitely harmful and the woman following the advice in that book much worse off than had she gone to a free clinic and spent only 5s. 6d. as set out on p. 112.

Chapter IX

YES, BUT—

Is not birth control really murder?

Answer.—Emphatically, No! For by the use of a birth control appliance the meeting of the sperm and egg-cell is prevented, and unless the egg-cell and sperm have met and fused no new life can begin. You cannot murder that which does not exist.

What then is abortion?

Answer.—A few years ago enemies of reform deliberately confused birth control with abortion, dubbing them both murder. Though not quite correct they were nearer the mark about abortion, for the object of abortion is to destroy an embryo which does exist, whose life has begun.

Can I bear children later on, if I want to, after I use birth control?

Answer.—Yes, certainly, if you and your husband are both healthy and meanwhile are careful not to contract any sex-diseases.

Then why am I told that methods cause sterility?

Answer.—Because enemies of reform still try to create any confusion they can to hinder the spread of truth. The wholesome methods recommended in this book cannot cause sterility. Some of the bad methods sometimes do. Confusion has been created by arguing against "methods" as though they were

all equivalent to each other, and when harmful results were found from any one method it was argued that all methods must cause harm.

What am I to say when my husband's mother insists "Barrenness results from their use"?

Answer.—Answer (*a*) It is true that certain bad and unwholesome methods, such, for instance, as *coitus interruptus*, may produce impotence in the man, which would naturally result in barrenness in his wife.

(*b*) Some harmful practices on the part of the wife might injure her potential fertility. BUT:

(*c*) Where sound and wholesome methods of birth control, such as the greasy suppository, the sponge or rubber caps, have been used, no possible physiological sterility can ensue.

(*d*) Nevertheless, sterility may arise through two factors: (i) That every passing year increases the *possibility* of chance or immoral gonococcal infection, and gonorrhoea overlooked or neglected in women may lead to absolute sterility, in which case the use of contraceptives would get the blame for what is really due to venereal infection, and (ii) naturally, after the age of 30 or so, the potential fertility of the woman slightly but steadily declines, so that the inherent likelihood of her rapid child-bearing is reduced, until at the age of about 50 the chance of her natural child-bearing, even without using contraceptives, is very materially reduced, and for many women entirely past. Hence if a woman uses birth control methods during the early fertile years of her life, and only begins child-bearing after her natural fertility has somewhat declined, the rapidity with

which she will bear children is naturally reduced, not due to contraceptives in any way, but due to the normal physiological decline in her potential fertility as the years pass.

Are birth control methods a hundred per cent. safe?

Answer.—Yes, if you use the best and you yourself are a hundred per cent. careful every time (*see* p. 67 *et seq.*).

Is it wise to use birth control?

Answer.—Clergy, doctors and other learned men and women who know most about it have the smallest families in the country. It is, however, not wise to check the procreation of children whom you would love and be able to bring up to health and beauty; it is only wise to prevent the creation of those who would be diseased, ill-cared-for, unloved and unwanted.

Can I save all the trouble of "taking care" by these methods and just take a pill?

Answer.—No! for the pills you mean are not able to prevent conception. The pills which are so much advertised, on which poor, ignorant people spend so much money, are for abortion. This causes grave injury to many.

Then can I save the trouble by having an injection into my veins?

Answer.—No, I beg you not to do so even if a medical doctor urges it. Science is beginning to employ the method of puncturing the skin and putting

extractions of various sorts into the blood-stream to avoid diptheria, colds, etc., but at present it is too experimental and in my opinion positively harmful to do so. Such injections for contraceptive purposes, however, are unobtainable, and no one should use them even if they were offered.

Can I use the "safe period"? My Aunt does so successfully.

Answer.—Of course you may if you can regulate your feelings by the calendar and separate yourself from your husband when Nature's loving impulses well up. But even so you will have no security. No ordinary, healthy young men and women have "safe periods." Undersexed people, over-intellectual people, and elderly people whose vitality is below par may use the "safe period" successfully, but if you and your husband are normal and in good health you will find it fail you.

Why cannot my husband take the trouble of the preventative as I have all the trouble of bearing and rearing the children?

Answer.—Because of the anatomy, and the physiological workings of your bodies. You cannot alter the major organization of your bodily formation and science shows that the simplest and safest means which do no harm can only be used by the woman (*see* Fig. 6 and Chap. IV). All male methods do harm if used for years at a stretch.

Then why should my husband not be sterilized and save us both all the trouble?

Answer.—If he is unhealthy or has any inherent disease in his family by all means he should be

sterilized, but if he is healthy and of a sound family it is very unfair to him even if you have already four or more children. However much he may love you and however many children you may have, he might lose both you and all the children in an hour in a boating accident, or you might lose all your children and want more children with him. *Healthy* people should not be sterilized, but unhealthy ones sho[illegible]

Then why should my husband not use self-control? I don't want to take any trouble.

Answer.—What do you mean by self-control? D[illegible] you mean total abstinence? That is not normal marriage and will lead to nervous strain between you. Do you mean *coitus interruptus*, called withdrawal? This is even more harmful to the nerves of both of you and disgusting as well. Or do you mean *coitus reservatus* which, although it is allowed by the Church of Rome, is most unnatural, as well as very unsafe? Or do you mean he should only come to you in your imaginary "safe period"?

There is no form of "self-control" which a healthy man can use for a long enough period to secure you against children which will not injure you as well as himself. Enforced self-control, due to illness or disease, is another matter, and may be necessary until the illness is cured, but it is not a satisfactory means of achieving family limitation when the pair are young and in good health.

Are birth controllers against children?

Answer.—No, for *constructive* birth control was founded by me because I *love* children. It presents the ideal that all children should be loved before

they are born, all born to healthy, happy homes, and born to reach maturity. Birth control is advocated in the interests of children and through its teaching many a home is happy in its possession of children who would otherwise not have been born. Married women, sterile for years, have been helped by *conceptive* birth control to bear the children they wanted.

Am I safe when feeding my baby at the breast?

Answer.—No, very unsafe. Though unfortunately advocated by some leading doctors it is a very undesirable and bad way to attempt to control pregnancy, likely to injure the child in the womb, yourself, and the baby you are feeding.

Well then, if I do use a cap myself can I leave it in for weeks between each period so as not to be bothered with it?

Answer.—No, you must not. Although many years ago a German medical doctor who taught many to use Dutch caps widely advised that it should be left in between monthly periods, and many continental doctors still follow his advice, I say emphatically, No! Few women are healthy enough and free enough from discharge to make it pleasant or safe to do so. The cap should be taken out the next morning and replaced a few hours afterwards if necessary, but never left in more than twelve hours.

Are there "dud" quinine pessaries put in each box by law?

Answer.—Utter nonsense! This idea has been circulated so widely by the enemies of contraception

that it seems impossible to overtake it. But it would probably be better for you to use greasy suppositories without any quinine at all (*see* p. 84).

Well, why should I be bothered? I would rather take the risk each time and if by any chance I do get "caught" I know what to do! Take Dr. ——'s pills; why shouldn't I?

Answer.—For your own sake, for your future children's sake, and for the sake of the race, you have no right to be so lazy. You are planning the use of an unwholesome, unprofessional abortion which is a criminal offence under the present law, which is murder in actual fact, though murder of a young embryo. Pills start an unphysiological process, likely to injure you and perhaps kill you and certainly to weaken you as a potential mother. If at any time you should be pregnant and not able to bear the strain of a child, you must go to a hospital and be properly treated by medicals. Do not waste on these expensive pills money with which you should buy food and comforts for yourself and your family.

Ought I to douche every day, then?

Answer.—Emphatically, No! Frequent douching is bad—better never to douche; but if you wish to do so, douche very occasionally and then as a measure of cleanliness, but not as a birth control method, for it is not a true one.

Will the use of birth control injure my health?

Answer.—Emphatically, No! If you use proper methods. If at present you are run down and strained

by anxiety it will probably improve your health. Many women are much the better for using birth control methods which remove constant anxiety and *fear*.

The commonest form in which the pseudo-scientific argument of our enemies is found, is in some variety of the pernicious generalization involved in the use of the oft-repeated phrase that "birth control methods are harmful."

The double fallacy contained in this phrase depends upon the facts that birth control methods are very numerous, varied in their actions and reactions and in the procedure they involve, and that while one method may be harmful to certain people in one respect and another to other types in another respect, there are sufficient methods which are not at all harmful to any normal people. Nevertheless, in the unwholesome atmosphere of prurient concealment which has for so long surrounded sex subjects in this country, the fact that even untrained minds have detected a certain amount of harmfulness in *some* forms of procedure has lent colour to the false generalization that "*all* birth control methods are harmful."

I have on many occasions heard that generalization uttered with pompous assurance, and I have challenged the one who made it to state *which methods*, and *what was the harm*, to which reference was being made. Almost without exception the mind of the objector was easily demonstrated to be in a hazy fog, possessing little or no knowledge of the details of actual methods, and a total incapacity to be explicit about the exact nature of the psychological or physiological reactions of any method which I introduced by name into the discussion. Nevertheless

such arguments as the incorrect generalization in the opening paragraph have gone forth to the world as the pronouncements of "science" or "medical opinion."

Isn't it true that the use of birth control will cause cancer?

Answer.—Many absurd statements have been put into circulation but whenever I drive them to earth I find falsity or hearsay. Not one of the approved clinical methods of birth control has ever caused or can cause cancer. The dangerous Gräfenburg ring may do so in the future. On the other hand women coming to our Clinic thinking they were healthy have been helped to discover already-existing cancer in time to have it seen to properly. After a few years the birth control would have been blamed, but as a matter of fact it is the careful supervision at the Birth Control Clinic which discovers early disease and saves women from such dangers.

Ought I to enjoy union with my husband?

Answer.—Yes, and you should experience orgasm as he does if the benefit to both of you is to be complete and mutual.

When girls first marry and the man finds that the hymen is broken: is the man right to claim that she is not a virgin?

Answer.—No, not necessarily. The strength of the hymen varies very much and many modern athletic girls break it unconsciously while riding or exercising. I have known some bridegrooms suspicious about their brides over this point, but they

should both understand that although the presence of a hymen proves virginity, its absence does not in the least disprove it.

Can a bride whose hymen is intact use birth control methods herself at the beginning of her marriage?

Answer.—No. She can use no proper method and must depend on the bridegroom for the first few weeks of marriage. If she cannot trust him to protect her she should not marry him unless prepared to have babies in the first year of marriage.

Is not birth control unnatural?

Answer.—No more unnatural than death control, which everyone has been approving for a century or more. Every interference by surgeon or doctor, every use of medicine is unnatural in that crude sense; but birth control is natural if one looks on it as one should, as the spirit of woman using her brain and intelligence to control her natural surroundings. Obviously the trend of human advance in this world is the utilization of knowledge for the higher purpose of life. Birth control makes possible a higher and more responsible form of motherhood than has ever existed in this world.

Will women have children at all if they know they need not?

Answer.—Of course they will, for love will generate them. Women who are only forced into motherhood by coercion or ignorance cannot rear children in the way they should, and it is better that they should not be mothers.

It may be all right for us, but what about the country? Is not birth control race suicide?

Answer.—What is really race suicide at present is the reckless breeding of diseased people. A vivid illustration of the racial danger of wrong and uncontrolled breeding is given by a dignitary of the Church of England who quoted Professor Karl Pearson in his argument favouring contraception: "A blind woman had two daughters blind at 40. Of her grandchildren only one escaped; the other four were blind by 30. Of her fifteen great-grandchildren thirteen had cataract. Of the forty-six great-great-grandchildren who can be traced, twenty were of feeble sight at 7, and some lost the sight of both eyes. Forty defective individuals in a stock still multiplying, which Nature, left to herself, would have cut off at its very inception!" Then again, in connection with "race suicide" in particular, statistics dealing solely with the birth-rate are of little or no value as evidence although they are often quoted, and there is generally a newspaper outcry of pleasure when our birth-rate is high and tearful wails when our birth-rate is low. A few moments' thought, however, will make it apparent that the birth-rate itself is no indication whatever of racial prosperity or success. A high birth-rate, even the highest possible, which is coupled with a high death-rate, will not increase population, and as has long been apparent in China for instance (where a very high birth-rate prevails) a population with a high birth-rate may be nearly or absolutely stationary owing to the incidence of early deaths. What the nation needs to give it strength is *healthy* babies who live to grow up.

Isn't the use of birth control against the laws of God? Clergymen often say so.

Answer.—That is exactly what used to be said about the use of chloroform. The clergy used to preach violently against vaccination, describing it as a profane violation of our holy religion, and they preached virulently against the use of chloroform as you will see in the wonderfully interesting *Life of Sir James Simpson*, the famous doctor who introduced the use of chloroform in childbirth and was in consequence preached against and reviled.

The extraordinary parallel between the language and kind of argument used by those who objected to vaccination and chloroform with that used by those who to-day oppose contraception on "religious" grounds is so remarkable that there is little doubt that in another twenty years or less those same "arguments" will be used and those same objurgations hurled at some advance of scientific alleviation of human suffering, and that no priest or cleric will dare to inveigh against birth control then, just as to-day none dares to repeat the sermons of his predecessors against the use of chloroform at the time of childbirth.

The Roman Catholics condemn all methods of birth control!

Answer.—They don't. They only condemn wholesome scientific methods of birth control while even they permit dirty, bad, old-fashioned and unsafe methods of birth control, such as *coitus reservatus* and the use of the "safe period." The use of the "safe period" was even covered in the Pope's recent

Encyclical which all the world's newspapers falsely proclaimed in big headings as condemning *all* birth control methods. It did not, but in very subtle language which completely hoodwinked most people permitted the use of the "safe period." You should read carefully my book *Roman Catholic Methods of Birth Control* (*see* p. 171), also *Lawful Birth Control, According to Nature's Law in Harmony with Catholic Morality*, by the Rev. J. A. O'Brien (*see* p. 171).

Will not the use of birth control increase immorality?

Answer.—Is a morality based on a fear of consequences a true morality? Is it worth having? But in favour of birth control one may safely claim that its use would decrease the total immorality by increasing the number of lastingly happy marriages, making it possible for men and women to marry young and to remain together after they have borne all the children they want. Wives using birth control need not fear their husband's advances and do not drive them to the arms of prostitutes as many "good" wives in the past have done.

Isn't it true that if the fear of pregnancy is abolished there is no natural check on the sexual passions of husband and wife?

Answer.—This low-minded statement is made by some Roman Catholics who proceed to glorify Ireland and Spain as models for us to copy! Such a statement as this is based on a confusion between *lust* and true love, and can only be made by one who is ignorant of the latter, and who ignores not only physiological laws but also the instincts of human

refinement and restraint which characterize *love* as distinct from lust.

On the other hand there are some men over-sexed as the result of disease. They should be treated as diseased individuals; no unaided wife can deal with them, and when sex matters are dealt with more rationally than they are to-day they will be the subject of medical treatment.

What will happen to the country if the birth-rate goes down?

Answer.—The *birth*-rate is not so important as the *survival*-rate; it is living and healthy babies we want. Years ago I told this little parable and it remains true:—

A healthy young couple are cast away on a comfortable uninhabited island yielding food and shelter in plenty. Total population 2. A child is born to them: birth-rate 50 per cent. Total population 3. A second child is born, but this time the birth-rate is not 50 per cent. of the total population, but only $33\frac{1}{3}$ per cent. Total population 4. Another child is born, and this time the birth-rate is 25 per cent., and so on for the twenty years or so while the original couple are fertile and before the new generation gets paired off and starts reproducing. Here you see *the steady decline of the birth-rate* AS A RESULT of the steady increase of the population.

If, contrariwise, every one of these infants had died at or within a year of birth the birth-rate would have remained high, at 50 per cent. of the total population, but the total population of the island would have remained stationary. Birth-rates, therefore, must not only be "corrected" but also presented

in correlation with death-rates and survival-rates of young people up to at least 20 years of age. Moreover, as the death-rate of old people is postponed, and the old live longer, so also is the apparent birth-rate in proportion to the total population sent down. Hence, what you should really consider in connection with the birth-rate is so to breed that *every* baby is healthy enough to reach adult estate. For this, birth control is needed.

Chapter X

ADVICE IN A NUTSHELL

A FEW PRACTICAL POINTS ARRANGED ALPHABETICALLY

ONE or more of my readers may say "I don't find X——'s method even mentioned in your book. My doctor, or my friend, told me to use it, and I want to know what you think of it."

So in the following paragraphs I propose to deal with a few other methods either because they are very well known or they are much advertised or pushed by some people, and some of them have some good points.

Chinosol

Chinosol is a German proprietary name for a chemical compound made up into many imitative suppositories in greasy, gelatine and glycerine forms by a great variety of traders. Care should be exercised about the amount of Chinosol in the suppositories, as various technical points in manufacture on either side of the Atlantic result in differences between American and European Chinosol, which has made clinical work on the subject difficult.

Cocoa-butter Suppositories of many brands

An immense number of trade-names are given to different traders' types of cocoa-butter suppositories in recent times. Cocoa-butter suppositories were

originally made with quinine compounds, mostly following the original Rendell's style and manufacture. It was only after I had been interesting myself for some years in the scientific aspects of the subject that what might be described as the "quinine bubble" was pricked and it was realized that quinine is by no means the only or even best chemical for such a use. A large number of compounds are now added to the various cocoa-butter suppositories. Cocoa-butter suppositories can now be obtained in odourless form (*see* p. 84).

Foaming Tablets

Foaming tablets are a comparatively recent invention originating on the Continent; they are small dry tablets made so that the addition of moisture causes them to effervesce and bubble up into a foaming mass. "Speton" and "Semori" are perhaps the best known, but "Bircon", "Proseldis" and many other proprietary articles of a similar type are on the market. "Speton" and "Semori" got an enormous advertisement from the work of John Baker, Ph.D., whose paper on the subject of their power to kill sperms in glass test-tubes was reprinted by commercial firms from the *Journal of Physiology* and circulated widely to the medical profession all over the world. Women reading the glowing advertisements should not forget that what happens with sperms in a glass test-tube does not necessarily occur in their own bodies during actual union. Even the makers do not claim that the foaming plug at the end of the vagina remains effective for more than an hour or two, whereas, of course, in many a marriage between ardent young

people protection for a much longer period each night is essential. It can be secured by the use of grease and a solid barrier; *it cannot be secured by foaming suppositories.*

Dry tablets, moreover, inserted into the vagina to melt, dissolve or foam, must have moisture. They can only get this by absorbing moisture exuded from the vagina or by drawing it direct from the delicate tissues lining the walls. By the latter process they cause smarting and pain. They are, therefore, particularly inadvisable for use by a woman who has a rather dry vaginal region. Sometimes they do not foam up, or even dissolve at all; in others they cause smarting and soreness.

Greasy Suppositories

In general it should be remembered that low-melting-point grease, which forms a rapidly spreading film over the vaginal tissues, is the most valuable contraceptive. Greasy suppositories should be odourless, not too large (as they would otherwise over-lubricate and reduce the necessary friction in the act of union), and they must have a melting-point sufficiently low to melt immediately they are inserted. This is particularly important. Suppositories sent to tropical and other warm regions tend to melt in their boxes before use. Grease, however, has the drawback of being slightly messy to use, and it has a deteriorating effect on most rubber. Therefore a good many people try to avoid the greasy suppositories by using the much-advertised non-greasy dry or foaming suppositories. It is therefore necessary to state explicitly that there is no substitute for grease yet known. None of the non-greasy suppositories

are as safe and reliable as the greasy suppositories. The stickiness of greasy suppositories in hot weather has been overcome (by coating them specially for the tropics) in the new tropical "Clinocap" greasy solubles. These can be used in England by the fastidious.

Jellies

Jellies and jelly compounds of various sorts generally in squeezable or collapsible soft metal tubes are sold under a great many trade-names, "K.Y. Jelly," "Contraceptaline," and many others. They have a limited usefulness.

Many Clinics advise jellies only with a cap instead of grease. This error accounts for many failures. At C.B.C. Clinics jellies are given only as lubricants and to preserve the rubber of caps.

With post-war rubber it is advantageous to lubricate the Occlusive and Dutch caps with a specially prepared jelly, Clinocap Jelly, containing some lactic acid. This is mildly contraceptive but not sufficiently so to be relied upon by itself, its main use being that of lubrication and preservation of the rubber. It should also be used on the outside of condoms to facilitate their insertion.

Lactic Jellies

Jellies like the above, containing lactic acid, are comparatively recent. A great deal has been said in the last few years about lactic acid in connection with birth control (*see also* p. 52). And now many lactic jellies are on the market. They are not safe by themselves. They are indeed of very little use at all unless the percentage of lactic acid is high, so strong

as to sting the walls of the vagina, which is both unpleasant and inadvisable. Weak lactic jellies are advised and used *with* another method, either the cap or sheath. They have the advantage of not injuring the rubber and the disadvantage of being of very little use as a contraceptive. Such jellies are largely used as a lubricant to facilitate the insertion of a cap or condom, but it is not safe to use them instead of a greasy suppository.

Ointments

These are really covered by what is said under the headings "Jellies", for most of the contraceptive ointments are compounds of glycerine, of starch, and lactic acid with other acids. Some of them are simply a form of soap. To women to whom the slight extra expense and trouble is of no importance, the smearing of the rim of the cap with such ointment does no harm and may afford a trifling degree of extra safety. It assists in making the cap slide in easily. Dipping the cap in warm, soapy water, however, is just as good and there is no particular reason why anyone should bother to use these ointments unless they have already acquired the habit and wish to continue it. The money they cost is spent harmlessly on most of them, but might as well be saved.

The newest paste is Volpar, commercially much pushed and deplorably advocated by the Family Planning Association. I most strongly advise you never to use it. Turn to p. 139.

"Perm-foam"

A foaming jelly, expensive and unreliable, while its mode of insertion is dangerous. It is emphatically

condemned by our leading medical advisers at the Society and Clinic for Constructive Birth Control. The jelly itself is harmless but almost useless.

Rendell's "Wife's Friend"

One of the oldest and best-known methods long used by women. The makers say it is safe by itself without a cap, but though this may be true of a few women, it is not generally true. The greasy, quinine suppositories are very useful to quite ninety-five per cent. of people as an accessory method of birth control, together with a cap or condom, for instance, but the quinine is slightly irritating or injurious to about five per cent. "Rendell's" was the pioneer of the many brands of greasy quinine suppositories put on the market by imitative commercial concerns.

The "Safe" Period

Many cruelly misleading falsehoods have been circulated and even taught by medical men and women of high reputation who claim that there are certain days in the month called the "safe period" when women cannot conceive. This is absolutely untrue of healthy, normally sexed young women married to normally sexed young men. Women who find they do have safe periods should realize that either they or their husbands are not quite so fully sexed as the normal; *for normal people there is no safe period.* Yet this birth control method is permitted by the Church of Rome, and specially mentioned as being permitted by the late Pope in his recent famous Encyclical. It has been fully discussed in my book *Roman Catholic Methods of*

Birth Control to which I would refer readers. Meanwhile I warn every normal, healthy young woman not to be misled into thinking that she can use it as a trustworthy method of birth control. In addition to being an unnatural restriction of the expression of natural sex-love it is utterly untrustworthy. For women coming to our Clinic who have used it records show the percentage of failure has been a hundred per cent.

Yet unfortunately this is the method which W.H.O appointed an American, Dr. Abraham Stone, to teach to India, and in this year personally have had an immense correspondence from Indians, some of whom are pathetically "surprised" to find themselves pregnant after using it. The C.B.C. Society publishes a special pamphlet for Indian women which can be had direct from the headquarters at 108 Whitfield Street, London, W.1.

The Papal Encyclical *Castii Conubii* was carefully worded by the then Pope to include permission to use the so-called "safe period." This year the Pope, Pius XII, gave an address on marriage to the Italian Midwives, the English translation of which is published by the Pontifical Court Club. After speaking to the midwives against the use of birth control he says, "Here you will perhaps urge a point, and say that sometimes, whilst engaged in your profession, you find yourselves face to face with very delicate cases, namely, those in which to run the risk of motherhood cannot be demanded, nay, where motherhood must be absolutely avoided, and where on the other hand the use of sterile periods either does not afford a sufficient safeguard, or where, for other reasons, it must be discarded." I am

glad to have this indication that the Pope and Roman Catholics realize that the "safe period" is not entirely to be relied upon. The Pope then urges that total abstinence may have to be practised in a marriage and that it is not necessarily impossible for a man to maintain such an attitude. My comment on this is that total abstinence is perfectly possible to some types of persons after their early youth, but because for younger people and for normally sexed people it is often a very great nervous strain, leading to all sorts of harm, it is not a method to be advocated for general use as a birth control measure.

Speton. *See* foaming suppositories, p. 132.

Semori. ,, ,, ,, p. 132.

Tampons—with special chemicals

Wool tampons specially treated with chemicals are sometimes useful for women who can afford to pay a good deal for the material used on each occasion of union. Various medicated tampons are rather expensive as they are prepared in a very special way with wool which expands when released in moisture. The same tampon can be used for a double purpose, e.g. simultaneously healing some defect such as an offensive discharge, and absolutely safeguarding the user from impregnation. *Ichthyol* is a good example of such a compound, and the *ichthyol tampons* are well known. Ordinary ichthyol tampons, however, generally contain too much wool and they fill the vagina too completely to be used where union is expected. They can, however, be made with less

wool so as to be less bulky, or can be purchased in the usual ready-made form and half the wool cut off before they are damped. Specially prepared tampons for individual treatment can be made to any medical prescription.

Volpar

Volpar is a non-greasy suppository (also a paste) which has been much heralded as the result of "Research," and is commercially pushed. Though "approved" by the Clinics of which Lord Horder is President, I profoundly deplore its use, and that in spite of my remonstrances it has achieved wide commercial distribution. It contains a poisonous compound of mercury as its spermatocide, and I would remind my readers that no poisonous substance of any nature whatever should be used in the vagina, which is as absorbent as the mouth. Unfortunately it is supplied at a number of (not C.B.C.) Clinics, and I advise women who cannot travel very far, and therefore have to use their local Clinic, even if it does give undesirable advice, to go only for the fitting to learn the right size for a cap or diaphragm. They should then ignore any recommendation of Volpar or douching, etc., using instead only some of the safe greasy substances mentioned in this book, suppositories, olive or other bland oil, and follow the routine described in this book.

Urea-hydrochloride Tablets

These are very small, dry tablets. Some time ago they were recommended at one of the Clinics *not* run on our lines, for use inside caps, either occlusive or

Dutch caps, because they do not injure the rubber as they are non-greasy. It was thought that by being placed inside the cap they would release the chemical at the spot where it was wanted, just beside the cervical canal. On scientific grounds I was from the very first against their use and they have never been advised or recommended, indeed always condemned, at the Clinics for Constructive Birth Control. Use in the other Clinics proved in practice that they were locally irritating and somewhat injurious to the women using them. Dr. Konikow emphatically warns her patients against any such small dry chemical tablets, and here in England the doctor of the Clinic who was most active in introducing them has now, I understand, entirely discarded their use. Yet commercial efforts to keep them going as a birth control method remain and women should be warned against them.

Vaseline

Some people use vaseline as a lubricant where the vaginal canal is rather dry and the entry of the male organ without it may be slightly painful instead of easy and pleasant. This is particularly true where a condom is used. Vaseline should never touch any permanent rubber apparatus like a cap or diaphragm. Even on a condom, only used once, it has an almost instantaneously destructive effect, and the best condoms will rip in a minute if smeared with vaseline. Though vaseline should never be used with any rubber contraceptive, yet by itself it is of some use as an emergency measure. If about two teaspoonfuls are pushed up to the end of the cervical canal and smeared about that region, it forms a local clogging

effect, though it does not make a good grease-film all over the vagina.

Virgins

Virgin brides should understand that they cannot be fitted with a vaginal cap before marriage. Some medicals take the virginity of a girl artificially and fit her before marriage, but there are many reasons against this unpleasant course.

The husband should be responsible for the birth control method used at first, and should use a condom, and after about three weeks the bride should go to a clinic.

Earlier than that, any fitting made is likely to be incorrect for permanent use.

Chapter XI

BIRTH CONTROL CLINICS: HOW AND WHY THEY WORK

WOMEN sometimes say to me after a lecture, "Yes, I *want* to use birth control and I want to be taught, but I'm *afraid* of a Clinic. I'm afraid they'll hurt me there, or do something to me which I shan't like——"

I always reassure them. At Clinics managed on the lines I initiated there is nothing to hurt or frighten anyone. Everything has been planned and thought out with the idea of making the Clinic a *happy*, helpful place, all bright and cheering and full of the spirit of love for lovely babies, where gentle and patient midwives and doctors, themselves married women, understand the problems and are ready quietly to spend all the time necessary to help and instruct inquirers.

Other women say: "Well, I have had six children and never even saw a doctor for any of the births, so why should I go to a place with a doctor just to get birth control information?" I answer them that the doctors at my Clinics are only there for those who *want* them or those whom the specially-trained midwives find to be suffering from something requiring attention, such as an injury left since the time of childbirth.

I differ from the well-meaning but over-zealous members of the committees of some of the later-formed Birth Control Clinics who boast "every case

is seen by a doctor" and thus unconsciously do a great deal of harm and frighten off poor women. Knowing that even in this enlightened country about half (50 per cent.) of all actual births are managed, *not* by doctors but by midwives, it is to the sister woman, the married midwife who is herself a mother, that many women turn far more readily and trustfully than to medical practitioners who see each "case" for a few moments only to rush through the fittings one after the other. So at C.B.C. Clinics all inquirers are seen first by a very highly-trained midwife who gives ample time to each to make her feel at home, and only those who ask for, wish, or need to see the doctor do so. Hence the women who are fitted at our Clinics are not in the state of nervous tension they often are in some other institutions, where the advice given by the doctor may fail because the woman's muscles being so contracted with fear she is fitted with a wrong size of cap.

A letter from an intelligent patient who had attended both types of Clinics illustrates perhaps more clearly than a general statement the point at issue. She wrote: "In response to our general inquiry of a bureau a few years ago we were advised to read a certain book (which they sent to us). It described your clinic: '. . . Patients are seen and fitted by a nurse, but any who, in the nurse's opinion, are abnormal, are referred to a doctor.' When we wrote for this information, we were newcomers to the London district and ignorant of the relative merits of the various B.C. Clinics, and the fact of certainly being examined by a qualified Dr. impressed us. Therefore, I first tried the —— Clinic, and was wrongly fitted with a Dutch cap, of which I was

slightly uncomfortably conscious while wearing it all the time, and during intercourse it gave both of us real physical pain—apart from the mental and nervous distress it caused both of us. So that actually we had fared much better (though not to our complete satisfaction) when we had bought contraceptives commercially.

"Now it is very probably that my experience is not isolated. (Also, the douching which is taught as being compulsory at this clinic must be almost *impossible* for slum women to carry out. Even given a bathroom and hot water, it is distinctly inconvenient at times if boarders or visitors are in the house.)

"It is such a pity that people should go through these experiences when they could so easily come to you in the first place instead. And apart from any other considerations, the atmosphere is totally different at the two clinics, e.g. I felt physically and mentally revolted at the —— clinic and was treated as an ignorant woman, etc.; when told to 'feel for my cervix,' I mentioned that I had been accustomed to using an occlusive cap from the chemist for years, in order to save their time, but they only smiled pityingly as at some inane remark.

"How different when I collected my shreds of patience together and tried your clinic! I received, I always have received, unexpectedly kind treatment and the nurse understood straight away that all we required was some well-fitting cap which would be perfectly comfortable as well as efficient.

"I.e. I have found in your clinic kindly and wise understanding and received individual treatment both as to method recommended and general

circumstance which occasioned the visit. And the *way* in which help is given means so much to anyone who is at all sensitive—and most people are sensitive in this matter, at any rate.

"I have written all this because I feel it would be of tremendous advantage if only something of this kindly individual treatment could be conveyed in your advertisements, for it is obvious that both scientifically and psychologically your clinic has such great advantages which should be widely known —X."

This visitor was quite unknown and received the usual free treatment given at our Clinic to all sincere inquirers.

Other women say, "But *why* should I need to go to any Clinic? I'm quite all right—just *tell* me what to do."

The answer to that is that though countless women have successfully used birth control methods after simply having "been told", yet no woman alive, however well she may feel, can herself actually *see* the most important inner regions concerned She may feel nothing amiss, yet be formed unnaturally, or so injured that she cannot successfully use the method she would like to select.

Readers will realize from the Figures and descriptions in Chapter II (pp. 32 *et seq.*) that all the essential parts of woman's reproductive system are entirely hidden inside the body, and cannot be seen by her in any way at all. Nor can she directly feel or touch the vital ovaries and tubes. The only portions of the real reproductive organs that she can touch are the outer zones of the cervical canal in the neck of the womb. Most married women can

reach this region with the tips of their first or middle fingers when passed up the outer vestibule or vaginal canal. In the ordinary way this, like any other portion of her internal organs, should not be touched or examined after she has once explored and verified the configuration. The neck of the womb leads such an active life and so many crucial things may happen to it, that its proper configuration should be known to every married woman.

At the time of childbirth the immensely elastic cervical region stretches tremendously to allow the head of the child to pass through it, and the cervical canal, which in the ordinary way is no wider than to accommodate a small pin, enlarges to the size of a child's head and body. After giving birth the canal and the rest of the womb slowly contract again and should return to very nearly the same small size as before. Unfortunately, however, the cervical canal is often partly or completely torn under the strain. Sometimes also the muscles round the lower part of the body, called the perineum, also tear, so that the lower support goes, which leads to displacement of the womb. If the tears are extreme the injuries interfere with walking and standing. Hence the perineal tears are more generally dealt with properly, and are surgically mended at once. But the smaller lacerations round the neck of the womb are very often left to heal by Nature, or not to heal at all.

When I started my campaign for clinical instruction in birth control over thirty years ago it was seldom that a poor woman who had given birth to a child was examined after the birth by a competent gynaecologist to test whether her cervical canal had been torn or not. It had always seemed to me

absolutely essential that a proper *after*-birth examination should be made and the woman *put right* before she was allowed to take up her work in the world again. Repeatedly and publicly on platforms I have said this for years to great audiences, but so shockingly was this essential after-care of motherhood neglected by the medical profession that many of even the most expensive doctors did not undertake, and poor women seldom received, proper *post*-natal as well as *ante*-natal care. Lest some may be incredulous when I say that post-natal care was and is still grossly neglected I will quote what happened to me personally.

After the birth of my first son I was astonished that no full post-natal examination was made. I waited and later asked that the doctor should examine fully to see that everything was all right, as I felt convinced myself that it was not so, that something was wrong. He refused to examine me with a flush and a shrug, and I was afterwards severely reprimanded by the midwifery nurse for my "indecency" in causing a flush of shame to rise to the cheek of an honest man by asking for an examination of these parts! As a matter of fact not only were things *not* right with me, they were appallingly wrong, and when at last I did get into really expert hands I was ordered to stay in bed for three months to get fit enough, then to be operated upon to be made as nearly right as could be after the neglect and mishandling at the time of the birth.

As this could happen in London to one who was even at that time known to be specially interested in such matters, I asked myself what must have been happening to vast thousands of isolated and poor

women who did not even know enough to ask for help and proper medical treatment. The answer lies in the revelation of the condition of mothers (and not only *poor* mothers) who after childbirth have come to our pioneer Clinic. In the first ten thousand cases examined personally at the C.B.C. Clinic 1321 had lacerations of the cervix and altogether 3164 had internal deformations or injuries. Thus women who have been torn in childbirth and left as they then were with the tear neglected or whose wombs are out of place, etc., are approximately one in every three of the women who are going about thinking themselves well or approximately well.

Numbers of the poor (and even well-to-do women) who have been at our Clinic for personal help and instruction in birth control have there undergone for the first time in their lives a careful gynaecological examination. The members of our medical and midwifery staff have all been specially trained to recognize *normality* and thus to perceive at once departures from it. Many of the visiting doctors who have come to the Clinic for demonstrations, especially before my demands for post-natal work had begun to take effect, have volunteered the information that they had never in the whole course of their medical training been given an opportunity to realize the normal conditions of these parts in non-pregnant, healthy women.

Since I have repeatedly spoken on this point on public platforms to medical men and women, as well as to the ordinary public, there has certainly been a change in the attitude towards after-birth care and post-natal examination and treatment is more usual, but even still almost daily evidence comes to our

Clinics of the need for a much greater improvement in the treatment of childbirth among all classes.

Consider from the point of view of practical birth control the present state of affairs which leads to approximately one in three of the women who come to us imagining themselves to be well yet having something a little or much wrong in these internal parts. The laceration of the cervix, agonizing as it may be at the time it happens, is generally masked by the general pain and wrenching of childbirth and often dulled by chloroform. The cervical regions are not very sensitive to pain afterwards, and in due course the woman gets up and may appear to herself to be well, while unaware that instead of a closed circular cervical canal she now has a pair of lacerated lips or loose flaps, each healed on to itself and no longer forming the normal, closed, circular neck of the womb. In connection with the application of birth control methods this is very important, for if the lacerations are deep the woman, although otherwise perfectly normal, is rendered physically incapable of using the best method, namely the occlusive cap. When such women are persuaded by the glowing advertisements of commercial firms to buy their wares and fit them on themselves, they are disappointed, either by finding the cap difficult to fit, or when they think them properly fitted, by finding themselves unexpectedly pregnant.

Such a failure is not a reflection on the method, for it is entirely due to the lacerations. It is recognized that no expert doctor or midwife can fit or would attempt to fit an occlusive cap on a deeply lacerated cervix. The lacerations render it impossible.

Another type of cap, the Dutch perhaps, may be used for women in this condition; or another method altogether. This illustrates *why* Birth Control Clinics are needed and should be used.

All sorts of other things, small or great, may be wrong internally in apparently healthy women. There may also be some disproportion between the woman's vaginal canal and the length of her own fingers which renders one or other method unsuitable for her personally. It is no use for a woman to read a glowing commercial advertisement and say "I will use that method" if her internal configuration is such that her parts are not adapted to that method, or if she has been injured in such a fashion that using that method is bound to result in failure and an undesired pregnancy. Each glowing advertisement describes its own commercial method as bound to succeed with all women using it. Their object is not to *help* but to *sell*. I hope it will be realized by the readers of this book that it is really of first-rate importance for every woman to be fully examined by a C.B.C. expert before using any birth control method for the first time. Later on she may want another child, discard contraceptive measures, and become pregnant. Childbirth follows where children are wanted and spaced deliberately, and thereafter a fresh examination should follow. About six weeks after the birth of each child she may have desired to bear, the mother should come to the Clinic again, for she cannot herself recognize whether any particular method is still the right one for her unless she be exceptionally trained and knowledgeable.

As I have already pointed out (p. 88) for those women, and there are very many of them, who live

in outlying home districts or far afield as in Canada, Asia or Africa, and who therefore cannot reach a Clinic or expert doctor or nurse, no method requiring exact adjustment should be attempted, but the much simpler sponge and oil or cotton waste and oil or animal wool and oil which anyone can place for herself should be used as a temporary measure until she can reach expert advice. But unfortunately even this will not be a safeguard for a woman whose lacerations may have been so severe that the womb has dropped right out of place till the neck of the womb lies quite near to the external opening. This unfortunately makes it almost impossible to advise any of the ordinary methods to give the woman the safeguard she so much needs until she has had the womb surgically restored to its proper place.

These and many other reasons lead me to urge every woman who possibly can do so to get *expert* help, and never to trust purely commercial firms. I feel strongly about this matter, particularly as my name has been frequently misappropriated by commercial firms all over the world. Women seeing my name referred to in some commercial advertisement leaflets, or sometimes even erroneously on the goods themselves, trust what they read and think they are following my advice. Then when inevitable failure comes they may blame me, not realizing that they have been hoodwinked by commercialism and may have been doing just the *reverse* of what I advise!

But Clinics must be run on right lines!

Clinics, Clinics and more Clinics are needed! Clinics all over the world. I am thankful to say that since the C.B.C. pioneer scientific Clinic was opened

in 1921 very many hundreds have sprung up more or less on its lines in many countries. A hundred times this number are needed.

One of the most important developments of the work at my original Clinic was, and still is, the training of medical men and women and midwife nurses in the special technique of contraception. Until my work began there was no training of medical students in any of the Medical Schools in this subject; it was only in the year 1923 that the first technical course of lectures for medicals was given, and that was arranged jointly by the Royal Institute of Public Health and myself when ten lectures were given to medical practitioners on the technique of contraception. This course was followed by a second course in coupled with instructional demonstrations at our C.B.C. Clinic on different types of women. Technical lectures and demonstrations confined to medical practitioners have continued every month at the C.B.C. Clinic at 108 Whitfield Street, London, W.1, and as many come as can be squeezed into the small accommodation.

All these medical men and women and many others to whom I have lectured in their own medical schools before they graduated, and others who are now receiving some instruction in their ordinary curriculum, are all spreading the new medical attitude towards the subject, and forming centres of local assistance to their patients. Yet even still we get almost daily evidence that more special Clinics are needed.

While on the subject of Clinics a word of warning must be given about the disgraceful behaviour of some purely commercial enterprises which, calling

themselves Clinics for Birth Control, mislead poor women and more often than not are merely abortion shops, sometimes of the dirtiest and most dangerous kind. Sometimes these unscrupulous ventures have dared to use my name or imply that I am associated with them in some way, as did the man Carpenter whose activities fortunately came to my notice, so I prosecuted him and he was imprisoned for the disgraceful and dangerous business which he ran (*see* the *Birth Control News* for March). Other so-called "Clinics" may not be so bad, though they leave much to be desired and are purely business commercial ventures, making high charges for the goods supplied. Such I am told is the one run in the provinces by "Sister X——" whose charges vary with the capacity of the applicants to pay. I understand that her advice is coupled with warnings against me and the simple and effective methods I advise, that the fears of the poor women are played upon and they are encouraged to pay large amounts for methods which fail when she arranges expensive abortions.

One other function of our original pioneer Clinic was scientific investigation into methods with the desirable aim of simplifying, cheapening and increasing the security of the methods. One of the very cheapest methods as well as most reliable in existence is a special sponge dipped in olive oil. This was my idea and has been used successfully by thousands who have been to our Clinics. The simplification and improvement of the greasy suppository and the cheapening of these and other types of wholesome, scientific methods have already been indicated.

The C.B.C. Committee felt that its charitable function was not properly performed by giving advice only (even though it be the best advice) unless those coming to us are protected from commercial profiteering and supplied at a low rate with the things they require.

So once again let me urge any reader who has not yet been fitted by an expert to go to her own doctor or to a C.B.C. Clinic for internal examination and advice. No one need fear to come to a properly run Clinic for birth control. It is not like going to a hospital or out-patients' department, for in founding the first Clinic and all our branches I went into every detail of management, even the very decoration, with the object of showing how simple and inexpensive, yet how inspiring and pleasant a place, is a Birth Control Clinic. In a little ordinary house one or more of the rooms is specially fitted with running water, sterilizer and examination couch; all accessories are pretty, and comfortable. The atmosphere of the doctors, nurses and clerical staff that of kindly helpfulness and sympathetic consideration. We escape the hurried bustle of an out-patients' department. I know that some are hindered from obtaining the help which they really need for fear that the Clinic will have a "hospital atmosphere", but they need not fear that with us where the "feel" of the place is homelike, helpful, attractive and sympathetic, and creates a pro-baby atmosphere in which a woman can discuss not only the intimate details of birth control procedure, but any other matter of difficulty in her marriage, and can get the advantage of help from widely experienced, sympathetic nurses and doctors.

Once she has been examined and advised as to the best method for use, and taught how to use that method, she is invited to come back at any time that any difficulty or doubt arises. Many of our patients come back, some of them time after time, bringing friends and other women with them, but those who come from a distance and find the expense of travelling too great, or who have difficulty in getting someone to take charge of the house and children while they are away, need not fear that repeated visits are necessary or insisted on. For the majority only one visit is necessary, though some of the Clinics insist on a second visit, particularly for those whom the staff may feel are not quite so careful as might be over essential details An intelligent woman, carefully taught for about twenty minutes in the way our staff teaches, can generally learn enough to manage for herself in future until she desires another child, after whose birth she should then come for another examination.

Anyone requiring personal help should write to or call at—

The Mothers' Clinic for Constructive Birth Control

(The First Clinic Founded by Dr. Marie Stopes on the 17th of March 1921)

FREE—Open daily from 10 A.M. to 6 P.M. (not Saturdays) without appointment.

The Headquarters of the C.B.C. is in LONDON, at 106-108 Whitfield Street, Tottenham Court Road, London, W.1

(One Minute from Warren Street Tube Station)

Telephone: Euston 4628

There are, however, now very many other Clinics run on similar lines or on varying lines by various bodies, and open at varying hours under all sorts of conditions. Some Clinics affiliated to the C.B.C. are as far afield as South Africa. There are now also rapidly increasing numbers of free Municipal Clinics under the Ministry of Health. The hours and conditions of all these are so variable that those who cannot come to London, Leeds or Aberdeen should inquire from their local Council Offices for the address and hours of the Municipal Clinic nearest to them. There are now hundreds of such Municipal and Hospital Clinics all over the country.

Chapter XII

THE MINISTRY OF HEALTH AND PUBLIC CLINICS

IT should not be forgotten that in these days a public health service exists for the use of all, and Ante-natal Clinics and Welfare Centres are now established with official support in almost every district, so that the essential service to mothers of sound birth control instruction should not be left only to the private charity of individuals but should naturally be part of the nation-wide service which comes under the wing of the Ministry of Health. Indeed one of the inciting factors which led me to establish the first Birth Control Clinic was to create such a strong public opinion that the Ministry of Health could no longer shirk the issue. On March 17, 1921 when our first Clinic was opened, we framed and hung upon the walls a statement of which the following is part:—

"This, the first Birth Control Clinic, was opened to show by actual example what might be done for mothers and their children with no great difficulty, and what should be done all over the world when once the idea takes root in the public mind that motherhood should be voluntary and guided by the best scientific knowledge available.

"Those who have benefited by its help are asked to hand on knowledge of its existence to others and help to create a public opinion which will force the

Ministry of Health to include a similar service in Ante-natal and Welfare Centres already supported by the Government in every district."

Nine years later this object was accomplished. At first, owing to the unfortunate appointment by the first Labour Government of a Roman Catholic Minister of Health, the late Mr. John Wheatley, the former indifference or timidity of the Ministry of Health hardened into active hostility, and an attitude of mind was introduced which took years to eradicate.

Then, happily, on July 6, in the year 1923, I was informed privately by a Minister of State who came to see me at my own private home in the country with a message from the Cabinet, telling me that I would no longer be opposed and that a permissive Memorandum would be issued.

This Memorandum appeared in typescript later in July, was printed in the *Birth Control News* for September, and was printed and circulated by the Ministry of Health. As it was, of course, officially sent to all the Municipalities one might imagine that local authorities at once knew their powers in this respect and that local Medical Officers of Health felt everywhere free to respond to the demand of women in their districts to give such measure of facilities as seem called for under the limitations set out by the Ministry. Experience, however, showed that unfortunately quite a large number of Medical Officers of Health did not know of the existence of this Memorandum for a long time. It had been pigeon-holed perhaps by the Town Clerk of their district, or had reached them with a sheaf of

other papers at a time when they were too busy to grasp its importance. In other districts where the Medical Officers were alert they were hindered and intimidated by reactionary Roman Catholics. Progress, therefore, has taken some time. To-day, in spite of the most virulent opposition even this year on the part of Roman Catholic residents in some districts, the fight is being waged actively for Clinics in a very large number of places.

Now in there are a very large number of Clinics and Welfare Centres working under the National Health Service all over the country. These are open under varying conditions and at varying hours in the different districts, and as these change from time to time, and as the extension of the service is continually going on, it would be merely a waste of time and perhaps misleading to list addresses here. My advice is, therefore, to anyone in any part of Great Britain wanting birth control instruction and not able to receive it from their own medical attendant, to go to the department of the Medical Officer of Health for their own district and ask there for the addresses of available Birth Control Clinics.

The Memorandum of the Ministry of Health is reprinted in pp. 161-3, so that public-spirited women who read this book may do something to get their Municipalities to provide Clinical information through their own local Medical Officer of Health.

I am sometimes asked by women who are interested in the social welfare of their own district what practical steps they have to take to secure a Municipal or Birth Control Clinic under the Ministry of Health. The first answer is that they are very dependent on the local Medical Officer of

Health and the first thing is to interview him and find out his view and how much help he will lend to the project. Even now it may be that he does not know of the permissive Memorandum. So the first step will be to show him the text of the Memorandum and its extension, see pp. 163-4, so that he may realize the powers he has in the matter, also their limitations.

If the Medical Officer of Health is favourably disposed but is held up by his local Committee, then the active local resident should arrange to see other members of the Health Committee and find out where mere apathy and where definite hostility lies, for two or three quite determined and competent Committee members can generally sway a Committee. There, of course, lies a danger, for if there are Roman Catholics on the local Health Committee they will probably follow their co-religionists and be extremely virulent in opposition. If, however, the Committee is not thus shackled within its own membership and is determined to use the powers given by the Ministry of Health, pressure should be brought from the outside by means of public meetings or Resolutions from influential bodies, or signed petitions which can be placed on the Agenda and thus the hands of the Health Committee strengthened. After that their recommendations will have to be passed by the whole Council, but they are not likely to be overturned except in districts liable to reactionary theological interference.

Even one active resident can stir up her district to procure a Clinic, for intense interest is now latent in almost everyone, and only needs concentration to take effect. If anyone wants help in the form of

leaflets, literature about the movement, copies of the Ministry of Health's Memorandum, or other material help, she should write to the Hon. Secretary of the C.B.C. Society, at 108 Whitfield Street, W.1.

Remember that Rome was not built in a day and that each enthusiast assists the movement forward to help poor women who are too busy and tired out to help themselves.

THE MINISTRY OF HEALTH'S MEMORANDUM

G.R

Memo. 153.
M.C.W.

BIRTH CONTROL

(1) The Minister of Health is authorized to state that the Government have had under consideration the question of the use of institutions which are controlled by Local Authorities for the purpose of giving advice to women on contraceptive methods.

(2) So far as Maternity and Child Welfare Centres (including Ante-natal Centres) are concerned, these Centres can properly deal only with expectant mothers, nursing mothers and young children, and it is the view of the Government that it is not the function of the Centres to give advice in regard to birth control and that their use for such a purpose would be likely to damage the proper work of the Centres. At the same time the Government consider that, in cases where there are *medical grounds* for giving advice on contraceptive methods to married women in attendance at the Centres, it may be given, but that such advice should be limited to *cases where*

pregnancy would be detrimental to health, and should be given at a separate session and under conditions such as will not disturb the normal and primary work of the Centre. The Minister will accordingly be unable to sanction any proposal for the use of these Centres for giving birth control advice in other cases.

(3) The Government are advised that Local Authorities have no general power to establish Birth Control Clinics as such, but that under the Notifications of Births (Extension) Act, 1915, which enables Local Authorities to exercise the powers of the Public Health Acts for the purpose of the care of expectant mothers and nursing mothers, it may properly be held that Birth Control Clinics can be provided for these limited classes of women. Having regard to the acute division of public opinion on the subject of birth control, the Government have decided that no Departmental sanction which may be necessary to the establishment of such Clinics for expectant and nursing mothers shall be given except on condition that contraceptive advice will be given only in *cases where further pregnancy would be detrimental to health.*

(4) Under the Public Health Acts, Local Authorities have power to provide Clinics at which medical advice and treatment would be available for women suffering from gynaecological conditions. But the enactments governing the provision of such Clinics limit their availability to sick persons, and the Government have decided that any Departmental sanction which may be necessary to the establishment of such Clinics shall be given only on the following conditions: (1) That the Clinics will be available only

for women who are in need of medical advice and treatment for gynaecological conditions; and (2) that advice on contraceptive methods will be given only to married women who attend the Clinics for such medical advice or treatment, *and in whose cases pregnancy would be detrimental to health.*

Ministry of Health,

EXTENSION OF LOCAL POWERS UNDER THE MINISTRY OF HEALTH

There were good reasons for the restricted form in which the Ministry first gave its approval, but of course the agitation for its extension had to be carried on, and as I corrected proofs of this book a welcome extension of the service was just permitted by the Ministry of Health under its Circular 1408, which says: "The Minister is of opinion that where a Local Authority has provided a Clinic at which medical advice and treatment are available for married women suffering from gynaecological conditions, and at which contraceptive advice is afforded to married women so suffering, in whose cases pregnancy would be detrimental to health, it would be proper also for married women who are suffering from other forms of sickness, physical or mental, such as those mentioned in the Report of the Departmental Committee, which are detrimental to them as mothers, to be afforded contraceptive advice at the Clinic if it is found medically that pregnancy would be detrimental to health. What is, or is not, medically detrimental to health

must be decided by the professional judgment of the registered medical practitioner in charge of the Clinic."

Since the earlier editions of this book were published the Ministry of Health issued the Report of the Inter-Departmental Committee on Abortion containing some reference to birth control. Paragraph 183, page 65 of the Report says: "If a perfectly reliable contraceptive which was harmless to the user and simple to use was at present available, and if the wider issues could be disregarded, the spread of birth control knowledge and of the facilities for obtaining contraceptive advice would be an obvious solution of the problem of criminal abortion. But the matter is not so simple."

It was unfortunate that the Committee was not given an opportunity to realize the high degree of reliability of the very cheap and harmless contraceptives advised in this book, but caution is often a valuable quality, and it is naturally satisfactory in their paragraph 191, page 67, that they say: "It is, in our view, desirable that full opportunity of obtaining the most reliable contraceptive advice should be given to every married woman to whose health pregnancy is likely to be detrimental, and we consider that the medical grounds should not be limited by too narrow or too rigid an interpretation," and that, "193. If contraceptive advice is made available through the public health services in the way we have proposed, it would, in our view, be used with care and discretion, and would play a not unimportant part in alleviating the problem of criminal abortion, and the maternal mortality and morbidity arising therefrom."

Under the present National Health Service the Memorandum and its extensions still guide their policy, but there is a great increase in the number of official Clinics available for use all over the country. Most hospitals now give a service of birth control instruction to women attending their departments for medical reasons.

GLOSSARY

Of Special Terms used in this Book

Abortion: The destruction of an embryo (or potential baby) by causing it to come away from its attachment and leave the womb of the mother too soon, so that it dies. This may be caused *unintentionally* by accidents, such as serious food poisoning, a fall, etc.; or *criminally* by means of poisons or instrumental interference; or *therapeutically* by a qualified medical practitioner who has to save the mother's life.

C.B.C.: Initials which stand for the phrase I coined in 1921, *Constructive* Birth Control, and which are part of the name of Branch Mothers' Clinics and the Constructive Birth Control Society for which they are used to save writing the words in full every time.

Cervical Canal: The fine tube-like opening always connecting the inner space of the womb with the outer large canal of the vagina. At the time of childbirth it stretches enormously, and should close in again, but the tissues round it are sometimes torn.

Cervix: The sloping end of the womb, shaped somewhat like the thin end of a pear, which is free from the surrounding muscles and projects downwards into the vagina. It is perforated by one central tube only, the cervical canal.

Cilium: The very fine, hairlike projection of Protoplasm which acts as a tail or swimming apparatus by waving or lashing about. This gives the male spermatozoon its power of movement.

Coitus: The scientific name given to the act of union between male and female.

Comstockery: The reactionary obstructive attitude which hinders the spread of clean scientific knowledge about contraception, initiated by Anthony Comstock in U.S.A. and still doing great harm there.

CONDOM: An elastic sheath or artificial skin, generally made of rubber, to be worn over the male organ; popularly called a "French letter" or "sheath."

CONTRACEPTIVE: *See* definition on p. 59.

COPULATION: *See* Coitus.

EJACULATE: To ejaculate is the spasmodic ejection of the seminal fluid.

The ejaculate is the name given to the whole semi-fluid mass consisting of mucus, special glandular secretions and living spermatozoa, which exit together through the penis during a completed act of sex union.

FERTILIZATION: Takes place when the nucleus of the minute male sperm (or spermatozoon) enters the much larger nucleus of the female "seed" or ovum and the two join up, completely fusing with each other.

HYMEN: The membrane which closes the outer end of the vaginal canal in young women and remains unbroken so long as they are virgins (*see* Fig. 8) (unless it is accidentally torn or gives way during gymnastic exercise or horse-riding). Its strength varies very much, being very fragile in some and very tough in others. Where it is tough penetration on the marriage night is sometimes difficult. In a few women the hymen is so resistant it has to be lanced by a doctor.

"INTERLOCKING": The name given by me to the coital act when the end of the penis penetrates further than the end of the vaginal canal and engages a little way with the expanded *os* or cervical canal.

KARYOKINESIS: *See* Mitosis.

MITOSIS: The very complicated re-arrangements of the heredity-bearing elements of the kernel or nucleus of each vital cell, drawn apart as though by the North and South poles within each cell at the division of the cells to produce new ones.

NUCLEUS: The "kernel" or specially active vital granular centre found in each living cell and of especial importance in the vital reproductive cells.

ORGASM: The nervous and muscular contractions and reactions which are the completion of the act of sex-union.

OS: The end of the canal-like opening in the centre of the cervix or "neck" of the womb.

OVARY: The specially active mass of cells, one on each side of the waist region of women, which manufacture regularly the ova or egg-cells.

OVUM; OVA: Ovum is *one*, ova a number of, egg-cells produced by women and girls. They separate from the rest of the tissues and these cells are the only ones endowed with the power to unite with the male cells and produce the embryo which grows into a baby.

PENIS: The externally visible tube of the male which has two functions exercised at different times. One of which is union with the female when it acts as a conducting pipe bringing the living spermatozoa from the male generating cells and depositing them in the female vagina.

PERINEUM: The muscles between the legs and around the base of the trunk which form the support of the trunk.

SCROTUM: The crinkled-skin bag or pouch which contains the male generating tissue or testicles.

SEMEN: The mass of living male cells.

SEMINAL FLUID: The above male cells together with the liquids and mucus produced from several accessory glands and all together passing down the penis to be ejaculated into the female.

SEMINAL VESICLES: Reserves, or storehouses, of spermatozoa lying near the bladder in men.

SPERMATOCIDE: Any chemical substance which *kills* spermatozoa.

SPERMATOZOON (one); SPERMATOZOA (several): The active living male seed or separate cells which move apart from the rest of the tissue and which have the power of complete union with the female egg-cell and whose union is essential for the production of a baby.

STERILIZATION: Simple medical operations in either sex which make it impossible to bear or generate offspring but which do not reduce normal sex experience.

TESTICLE or TESTIS (two of them are TESTES): The special tissue which retains its vital growing power and produces the living and motile spermatozoa.

UTERUS. The scientific name for the *womb* or empty thick-walled chamber into which the ova travel from the ovaries, and where one stops and grows into a baby. It may be called the *baby-incubator*.

VAGINA or VAGINAL CANAL: The outer tube which leads in a woman to the womb or uterus. It has elastic walls and is generally of the right size to accommodate the entering penis or male organ.

VAS DEFERENS: The very long convoluted tubes leading the semen outwards from the tissues which generate spermatozoa (*see* Fig. 4, p. 24).

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